**FOR IMMEDIATE RELEASE**

**Egyptian Regional Human Rights Authority**
**Report of Findings**
**Illinois Department of Human Services/Choate Developmental Center**
**Case #12-110-9009**

The Egyptian Regional Human Rights Authority, a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation:

> **An individual residing at a Community Integrated Living Arrangement (CILA) had behavioral health needs that were jeopardizing his CILA placement and impacting the safety of other CILA recipients but he was unable to access more intensive services available through admission to a state-operated facility. Choate Developmental Center is the state-operated facility located closest to the CILA.**

If found substantiated, the allegation represents a possible violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.), mandates that govern Pre-Admission and Case Coordination Services agencies (405 ILCS 80/4-1), regulations that govern CILAs (59 Ill. Admin. Code 115) and Illinois Department of Human Services' (DHS) policies and procedures.

According to its website, the mission of the DHS is "To assist our customers to achieve maximum self-sufficiency, independence and health through the provision of seamless, integrated services for individuals, families and communities." The DHS is comprised of multiple divisions, including the Division of Developmental Disabilities with a mission statement that reads as follows:

> The Division of Developmental Disabilities in Illinois will provide quality, outcome-based, person-centered services and supports for individuals with developmental disabilities and their families. The system of services and supports in Illinois will enhance opportunities for individuals to make real choices and receive appropriate, accessible, prompt, efficient, and life-spanning services that are strongly monitored to ensure individual progress, quality of life and safety.

The DHS also operates 8 state facilities for persons with developmental disabilities. The Clyde L. Choate Developmental Center was identified as a facility that serves the catchment area represented in this case and is described by the DHS as providing the following services:

> Clyde L. Choate Developmental Center offers a variety of treatment programs/services including but not limited to: Psychiatric/psychological, medical/physical, social, educational, vocational/ rehabilitation, recreational, speech, language and hearing, pharmacy, dental, and dietary services, and referrals and special consultations.

The website provides a profile of the average person served by the Choate developmental facility. The average recipient age is 42; 72.9% of recipients have a behavior intervention program, 56% receive psychotropic medications and 63.6% have an additional mental health diagnosis. There are 5 units of recipients who have been civilly committed and one forensic unit for individuals who have been found unfit to stand trial or not guilty by reason of insanity. The campus also maintains a hospital for individuals with acute psychiatric needs.

## COMPLAINT STATEMENT

According to the complaint, an individual with behavioral needs had been residing in a CILA for about a year. As his behaviors continued and at times got worse, the CILA attempted to secure community hospitalization. The CILA reportedly was unable to find a hospital that would accept him or had an available bed. Contact with DHS representatives was made and assistance was provided; however, admission to a state-operated facility was not considered an option by the DHS as per the complaint. When the facility attempted to discharge the individual, the DHS granted an appeal filed by the recipient. When his behaviors continued and community and state-operated hospitalizations did not appear to be an option, the recipient was arrested and taken to jail.

## INVESTIGATION APPROACHES

To investigate the allegations, an HRA team conducted the following activities with the written consent of the service recipient:

- Interviewed the recipient and a family friend that he has designated as being a part of his treatment team.
- Interviewed representatives of the CILA provider.
- Interviewed a representative of the pre-admission screening and individual service support and advocacy (PAS/ISSA) agency. For this case, the PAS and ISSA services are provided by the same agency.
- Interviewed representatives of the DHS.
- Examined the recipient's CILA records, PAS/ISSA records, and DHS records.
- Reviewed CILA licensure and quality assurance records.
- Examined pertinent policy, procedures, and mandates.
- Examined police reports.

## FINDINGS

### Interview with Service Recipient and Designee

The HRA interviewed the service recipient and a family friend who had bailed the recipient out of jail and allowed him to stay at his home until an alternate residential provider could be identified. The recipient had stated that he wanted to stay at the CILA residence but his arrest seems to have ended that option. He acknowledged that he had behaviors and stated that the CILA was attempting to address the behaviors through a behavior program that made use of rewards; an example of a reward was a movie. The recipient stated that he was arrested about a

month after hitting a peer on the bus. He stated that no one spoke to him about admission to a state-operated facility but he said he would have agreed to admission if it had been offered. He did voice concerns about his medications and stated that the physician would not prescribe a certain medication because he did not believe that the recipient could fully understand and agree to the long-term side effects. The family friend stated that he has known the recipient for many years. He verified that the recipient was in jail overnight and that he is providing temporary housing until another residence can be found. A court date had been set.

**Interviews with CILA Provider Representatives**

An HRA team met with and interviewed representatives of the CILA provider where the recipient had resided in a 7 person CILA for approximately one year. The provider relayed numerous concerns with the recipient that included, psychiatric concerns, difficulty with hospitalizing, and assaults to peers at both the CILA and day program sites. Staff reported that, on one occasion, the recipient struck a peer leaving the peer with a swollen face and the recipient with a broken hand. A long-term participant of the agency's day program left the program after being struck by the recipient.

Staff reported that the recipient had been admitted as an emergency placement from the community but had previously been in a group home. The recipient also had a prior arrest and jail stay after stealing a tire. A PAS agent made the referral and the recipient's history was provided to the CILA provider. The recipient also had a prior history of psychiatric hospitalizations. His primary diagnosis is moderate cognitive impairment; a variety of professionals have evaluated him resulting in a range of secondary diagnoses.

Various resources had been pursued on the recipient's behalf including the involvement of a behavioral analyst who provided a functional assessment and psychiatric services, some of which were refused by the recipient as per staff. Hospitalization was attempted but deflected multiple times sometimes reportedly because of the recipient's I.Q. score. Admission to Choate was reportedly attempted as well. An SST [Support Services Team] from DHS met with the provider several times. Eventually, eviction was attempted but the eviction notice was successfully appealed. Alternate placements had been considered since July 2011; the recipient even visited other CILAs but the recipient was usually brought back early and placement elsewhere was never secured. After unsuccessful attempts to secure hospitalization and the behaviors continued, the provider stated that it reluctantly decided to press charges over an incident that occurred in October in which a peer was struck. Because police were reluctant to arrest the recipient, the provider submitted affidavits to the state's attorney which results in an arrest approximately one month after the incident.

With regard to the recipient's behaviors, staff reported that the recipient is intelligent and fit; as a result, he reportedly uses these strengths to prey on and pester other service recipients. He is described as needing constant staff attention and either positive or negative attention will suffice. The CILA provider agreed to admit him because it has a history of serving challenging individuals. However, due to the extent of his repeated behaviors, his peers were threatening to leave. When one-on-one staff supervision was attempted, the recipient reportedly was either aggressive to the staff person supervising or figured out a way to manipulate the situation.

**Interview with DHS Representatives**

An HRA team interviewed representatives of the DHS, including the Division Director and other division administrators such as the administrator for CILA licensure, the Choate director, and an individual who oversees the SST system.

The interview began with explanations of the PAS agency's role with regard to CILA placement. DHS stated that standardized screening determines clinical and Medicaid eligibility. The screening includes a review of a recipient's psychosocial history as well as any information related to mental health needs. Trial visits are arranged before a final placement is determined. A PAS manual guides the screening process and the CILA agency has responsibility for assessing the potential placement and securing needed services. The PAS agency would also determine if a placement is adequate or if additional supports would be needed; the PAS agency can assist with service linkage as well. After placement, the PAS agency would make monitoring visits consistent with PAS Manual guidelines; weekly visits occur during the first month of placement and then quarterly, thereafter. PAS agencies are monitored by the DHS. The DHS Bureau of Quality Management visits facilities as well and network staff serve as resources.

DHS staff explained the role of the support services teams (SST) which is to deal with difficult situations involving providers that receive DHS funding. The teams provide hands-on support and assistance to work with providers and clients to attempt to resolve issues that may jeopardize a placement. Examples of assistance that could be provided would be the development of a crisis plan for a particular individual or specialized staff training. Staff did report that there are not enough SSTs in the system and DHS is looking at a potential expansion of this resource. SST involvement is typically requested by a PAS agency.

The HRA inquired about CILA contract requirements with regard to the provision of services. DHS administrators stated that CILA rates would include the provision of individual as well as group therapy, behavioral services and service plans to meet recipient needs. CILAs receive three year licenses and are required to provide a variety of services, including human rights and behavior management committees, contingency plans and appropriate staff training. There is no requirement that a CILA provider have an admission agreement with a community hospital. Copies of DHS Office of Inspector General reports sent to CILA licensure are part of the CILA licensure review process. During a CILA survey, the DHS staff will examine a sample record and ask about behavioral incidents, psychotropic medications, emergency drills, and the behavior management committee; guardians are interviewed as well. The CILA survey frequency is increased to yearly if there are compliance issues.

The role of the state-operated developmental disability facility was discussed. The DHS explained that the state-operated facility is to address individuals with developmental disabilities who have complex needs. The state developmental center was described as a back-up clinical resource when there are inadequate community resources; the DHS stressed that state developmental centers are not mental health facilities. The state facilities are also licensed by the Illinois Department of Public Health (IDPH) to provide intermediate care under Medicaid and the DHS has had past issues with IDPH over admitting persons with mental illness to state developmental centers. The DHS stated that persons will be admitted for crises and the role of

the state-operated facility is changing due to shifts in community care arising from consent decrees. Staff stated that 11 states in the country have no state-operated facilities at all. The DHS medical staff determine which state-operated facility would best meet a recipient's needs.

With regard to the involvement of community police, the DHS representatives stated that police involvement for imminent harm is appropriate but police involvement as a program technique is not. There is reportedly a provision in which police could pick up an individual in crisis and take the person to a state-operated facility for a 72 hour observation; however, this provision is not in practice.

DHS representatives expressed concern about the lack of available community hospital psychiatric beds for persons with developmental disabilities. There was also discussion that if a medication review is needed, a short community hospital stay may not provide sufficient time to adequately review a person's medication regimen and the impact of any medication change.

With regard to the recipient in this case, the DHS indicated that in its review, the recipient was taken to a hospital emergency room on 07-27-11 for admission and contacts were made with 9 different hospitals but all refused admission for various reasons. On 07-31-11, the recipient returned to the hospital emergency room and admission was attempted at 17 different hospitals and all refused. The DHS indicated that the recipient expressly stated that he was not willing to go to a state-operated facility; thus, court involvement would have been required to proceed with a state-operated facility admission. DHS representatives stated that the court admission process would have to be initiated by either the CILA provider or the PAS agency, but not DHS. A behavior analyst had been involved in the recipient treatment planning at the CILA.

**Review of CILA Records**

The HRA team examined multiple CILA documents related to this case, including admission documents, evaluations, behavioral data, progress notes, communications with DHS, etc.

A summarized timeline of significant events during the recipient's stay at the CILA is documented below:

> **December 2010** - The recipient moved into a group home operated by the CILA provider. The CILA award letter is dated 12-14-10 for community emergency CILA placement with 24-hour supervision. The award letter also stipulates provisions for therapy, counseling, behavior intervention, and other services and supports. The recipient had a history of prior CILA placements, inpatient hospitalizations and a state-operated placement in the past 2 years and more hospitalizations in the years prior. Documentation also indicated a history of suicidal and aggressive behaviors. His admission diagnoses included Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Bipolar Disorder, Mental Retardation and a history of seizures.
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> **02-11-11** - The recipient was voluntarily admitted to a hospital psychiatric unit after attempting to cut his wrists and after two other hospitals refused admission.

**04-20-11** - A mental health assessment was attempted but not completed as the recipient was unable to fully participate.

**05-09-11** - A 30-day notice of discharge was issued to the recipient by the CILA provider which was appealed by the recipient.

**06-01-11** - The recipient struck two peers.

**07-14-11** - An SST and state-operated facility referral was faxed between the CILA provider and PAS agency due to ongoing physical aggression and harassment toward peers.

**07-27-11** - The recipient attempted to cut his wrists twice and then choke himself. He was taken to the hospital emergency room. Admission to 9 different hospitals was attempted; all refused. A safety contract was established and the recipient returned to the group home.

**07-30-11 to 08-01-11** - The recipient threatened suicide and exhibited an increase in behaviors. He was transported to the hospital emergency room; admission to 17 different hospitals was attempted but all refused.

**09-02-11** - The DHS grants the recipient his appeal of the CILA provider's discharge stating that "There is no evidence that [the recipient] no longer benefits from CILA services or that the community support team made a recommendation to terminate services…..There is no evidence that any additional action has been taken by [the CILA provider] to ameliorate [the recipient's] behaviors, revise his current behavior plan dated January 26, 2011 or recommend termination of services. There has been contact by the [CILA provider] with [the PAS agency] or the Department of Human Services Southern Network Facilitator or Representative requesting assistance….there is no basis for discharge. [The CILA provider] must continue to provide services to [the recipient]."

**09-12-11** - An application for emergency state-operated placement was completed by the CILA provider although it is unclear what the final disposition of the application was.

**09-25-11** - The recipient was aggressive to peers and staff; he was taken to the hospital emergency room and then returned to the group home.

**09-26-11** - A crisis review was conducted with a therapist.

**10-19-11** - The recipient was aggressive to a peer on the bus. The police intervened. The recipient was taken to a hospital emergency room and later returned to the group home.

**11-30-11 -** The recipient was arrested and jailed for the 10-19-11 incident after CILA staff submit affidavits. The recipient was bailed out of jail by a family friend who provided temporary placement for the recipient.

The HRA team examined behavioral documentation that included incident reports, behavior and program data sheets, treatment planning documents and progress notes. The recipient exhibited the following different behaviors during his stay at the CILA home: pestering, sexually inappropriate behaviors, verbal aggression, aggression, self-injurious behaviors and threats. Pestering incidents included such things as name calling, taking items from peers, breaking a peer's necklace, making fun of peers, saying inaccurate things about peers, poking/elbowing peers, and twisting a peer's arm. Sexually inappropriate behaviors were described as asking peers to look at genitals, trying to kiss staff, making statements about having sex with staff, trying to touch staff and dropping his pants. Verbal aggression was defined as yelling at staff or peers, using racial slurs against staff and peers and using profanity toward staff and peers. Examples of aggressive and self-injurious acts included: striking peers, punching doors, punching windows, kicking cars, hitting car windows while moving, opening car door while moving, hitting head repeatedly against window/door, slamming hands (including one in a cast) on kitchen counter top; blocking facility van that was exiting the driveway and cutting self. The recipient was also described as voicing threats to hit peers and staff, to cut peers and self, to break windows and to cut off all his hair.

The CILA treatment plan included a goal that the recipient would have no more than 15 behavioral incidents in a month. That goal was met for only 3 months of his year long stay at the CILA. However, in July 2011, documentation indicated that the recipient displayed approximately 213 behaviors. A behavior recording form documented potential antecedents which included: not getting desired attention or object; briefly unsupervised; escalation after corrective feedback, problems with peers and unknown antecedents. Consequences were also documented on the behavior recording form; examples of consequences included lost privileges, calls to facility administration, a break, redirection, ignoring the behavior and calling police. A problem solving sheet accompanied many but not all of the behavior recording forms; the problem solving sheet identified post incident behaviors, counseling and resolution. The HRA noted that behavior tracking forms were not completed for all months. The HRA also noted that the recipient demonstrated progress in other program goals such as medication administration, money management, and community integration. Attempts were made for the recipient to see a psychiatrist but he sometimes refused the appointments.

The HRA team examined the CILA provider's policies, procedures and other correspondence. The provider maintains a rights statement consistent with Mental Health Code guaranteed rights and includes the right to be free of abuse/neglect, contact information for the Office of Inspector General, a grievance process, and contact information for external advocacy resources. Client orientation materials list rules for residential facilities including a statement that physical aggression is not allowed. The handbook also describes treatment planning, discharge criteria and the availability of counseling and crisis intervention services although the type of crisis intervention was not clearly defined. The handbook documents that physical holds can be used for emergencies. The provider's admission criteria requires that admittees have a primary diagnosis of a developmental disability or a mental illness severe enough to prevent independent living; the admission criteria do not address any behavioral parameters. The provider's discharge procedure includes a section on "facility initiated termination" due to "repeated violations of rules and regulations, refusal to cooperate with rehabilitation efforts, or impairment of behavior which endangers self or others or the ability of staff to provide quality rehabilitative services."

The process for pursuing facility initiated termination includes documenting incidents, behavior modification attempts, oral and written warnings, a written request for discharge submitted to the case manager, and a discharge staffing that involves appropriate staff, the client and parents/guardians as well as personnel from other programs. There is no mention in the discharge policy or contact with the PAS agency or DHS.

Finally, the HRA team examined a copy of the CILA provider's letter sent to the Office of State Guardian and dated 10-24-11. The letter stated that the provider currently has a resident that was being discharged due to behavioral issues and an appeal was filed. Subsequently, the individual assaulted a ward of the Office resulting in charges being filed by the ward but no arrest had occurred, to date. Instead, the resident was taken to the hospital for crisis intervention and then returned home. The letter then listed the various entities that had been contacted regarding the situation. The letter concluded by stating that "We continue to work with all entities involved to help access the appropriate services for this individual, however we are met with continuing challenges. At this time, the police department does not feel they have enough reason to arrest the individual for the assault that occurred, DHS continues to inform us we cannot discharge him from services, and SST does not offer any solutions or help with an admission to alternate locations."

**Review of Police Records**

Using a Freedom of Information Act request, the HRA team reviewed 4 police records related to behavioral incidents involving the recipient in this case. On 06-07-11, the CILA provider contacted the police reporting problems with a resident at around 6 p.m.; the police talked with the individual and staff and "peace [was] restored." On 07-27-11 at around 5:30 p.m., the police were contacted to provide assistance with transporting the resident to the hospital for a mental health evaluation. The police were notified on 09-08-11at around 9:15 p.m. by the CILA provider because "A patient is being disruptive." The police visited the home, peace was restored and the resident went to bed. Finally, on 09-24-11 at around 8 p.m., police were called when the resident was threatening suicide and police transported the resident to the hospital.

**Review of PAS/ISSA Agency Records**

The HRA team began its review of PAS/ISSA records related to the individual in this case by examining screening forms completed prior to his admission to the CILA residence. An Obra-1 Initial Screen completed on 06-07-10 indicated that the recipient has a developmental disability, experienced seizures prior to age 22 and participated in special education services; the form also documented that the recipient has a mental health diagnosis, a history of psychiatric hospitalizations and a history of outpatient mental health services although the form does not allow for details concerning the full history of behaviors, hospitalizations or arrests. The PAS agency completed a medication review on 09-07-10 which documented 3 different medications taken by the recipient for behaviors. A 24-hour nursing care determination form, dated 09-07-10, stated that the recipient did not need 24-hour nursing care and a guardianship screen completed on the same date recommended that the recipient might be in need of a guardian and identified a cousin as an interested party. There was limited follow-up on the guardianship recommendation. A psychosocial assessment also completed by the PAS agency on 09-07-10 stated that the recipient had lived in a 24 hour CILA but "…did not do well there…" and subsequently went to live with a cousin. The assessment stated that the recipient "Has been

admitted multiple times to psychiatric units." The assessment lacked details about the extent of the recipient's behaviors or hospitalizations. On 09-13-10, the DHS community reporting system documented that the recipient was approved for active treatment on 09-07-10 after a Level II screen and the PAS determination form stated that the individual was considered to have a developmental disability requiring specialized services due to limitations and need for assistance in daily living. The "identification of service needs" form stated that the recipient needed intermittent residential services, 5 days per week of developmental training, daily skill development, behavioral services and psychotherapy. A DHS award letter, dated 11-09-10, was issued to the recipient indicating that he had been approved for Adult home-based support services funding. The home based program authorization form documented that the funding rate was to cover developmental training, behavior intervention, individual and group therapy, and individual and group counseling. On 11-12-10, the recipient signed a release allowing the PAS agency to receive psychiatric reports from a hospital. A crisis funding request was completed by the PAS agency on 12-07-10 which documented prior aggression and uncooperativeness at a CILA from 06-04-10 to 08-02-10, his moving in with his cousin on 08-02-10, an arrest for burglary and confinement in a jail from 09-24-10 to 10-20-10, an aggressive incident and psychiatric unit admission on 11-12-10 and a request for immediate funding for CILA placement. An award letter, dated 12-14-10, was sent to the recipient documenting approval for 24-hour CILA services with the more recent CILA provider. It is unclear the extent to which the CILA provider received details about the recipient history of behaviors, hospitalizations, arrest or any documentation from the prior CILA provider. The award letter included a rate determination sheet and documented that the funding received by the CILA provider was to include consultant services, behavioral intervention, individual/group therapy and individual/group counseling. A redetermination of Medicaid waiver eligibility was completed in January 2012 and documented the recipient's continued eligibility for a Medicaid Waiver, his continued need for active treatment and his continued need for a 24-hour supervised residential services that will provide assistance with daily living as well as behavioral management. A crisis funding request dated 03-12-12 documented that the recipient was receiving SST services, that the recipient was issued a notice of discharge from the CILA provider, and that the recipient had been arrested for a battery charge on 11-30-11. The form stated that the recipient had been bonded out of jail and was temporarily staying with a friend until an alternative provider was found. An alternate proposed CILA provider was identified.

Correspondence related to the service recipient and sent to or by the PAS/ISSA agency was reviewed. The correspondence provides additional information on the recipient's history. The CILA provider sent a 30-day notice of discharge to the PAS agency on 05-31-11 and the recipient signed an appeal notice on the same day. On 07-12-11, the PAS agency sent record information to the DHS; a cover letter described the recipient's history with PAS which began on 03-09-09 in preparation for his 18th birthday later that year; however, a family member withdrew from the PAS process on 07-17-09 but then requested placement assistance on 10-09-09. According to the letter the recipient was placed in a CILA on 03-16-10, had aggressive incidents and was moved to a different home within the same CILA agency but was then discharged on 08-03-10 when the recipient became "very aggressive and threatening" and the police were called. The recipient went to live with an aunt, then a cousin and then his mother. He was arrested for theft on 09-24-10 and was jailed. The letter further stated that he went to live with his cousin after his court date but then threatened violence against the family which resulted in a

hospital admission after which he went to live with a family friend. He was then admitted to a psychiatric hospital on 12-13-10 and was discharged to the more recent CILA provider on 12-21-10. The letter to DHS also summarized the recipient's history with the more recent CILA provider which included psychiatric unit admission on 02-14-11 for suicide threats, and incidents of striking peers on 02-24-11, 05-04-11 and 05-26-11 which resulted in the discharge notice and appeal. A 08-22-11 letter from the CILA provider to the PAS/ISSA agency documented the recipient's continued aggressive and threatening behaviors, overcrowding of psychiatric units and system limitations; the letter further documented more recent incidents of self harm on 07-27-11 and 07-31-11, a refusal to see a psychiatrist on 07-28-11, and an assault to a staff person on 08-15-11. The CILA provider letter also documented the repeated attempts and refusals of community hospitalizations. A copy of DHS' response to the recipient's appeal was reviewed; the letter to the recipient was similar to the letter sent to the provider and indicated that he had won his appeal. The DHS appeal response letter to the recipient was dated 09-02-11. An award letter dated 10-26-11 indicated that the CILA provider received additional funding to provide the recipient with temporary intensive staff supports both at the group home and at the day training program. The HRA reviewed 5 letters to various CILA service providers, all dated 01-05-12, regarding the recipient's need for placement; the letters indicated that the recipient has behavioral challenges and the involvement of the SST. A March 14, 2012 DHS letter indicated that a new CILA provider had agreed to the placement.

The HRA team reviewed PAS/ISSA site visit documentation involving the recipient just after his placement. A note dated 01-05-11 indicated a successful week. A note dated 01-12-11 indicated that the recipient had been having nightmares each night and he had a fight with a peer at day programming earlier in the week.

Additional "service documentation" was reviewed. The following comments were noted by the HRA in the documentation:

> **01-14-11** - The recipient's group home placement within the CILA provider agency was reviewed and considered. A noted also stated that the recipient had not been restrained at the day program as he had claimed.
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> **01-19-11** - During a visit with the psychiatrist, the psychiatric indicated that the recipient may have been overmedicated and the ISSA agency representative indicated agreement.
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> **02-14-11** - The recipient was in a psychiatric unit due to a suicide threat made at work.
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> **02-24-11** - The recipient struck a peer earlier in the week.
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> **06-10-11** - Concern was voiced to ISSA agency that the recipient is not a good match for the provider, that he pestered peers and he voiced dissatisfaction with the CILA after which the PAS agency began sending out packets and talking with other CILA providers for placement.
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> **07-27-11** - The recipient's threats toward self and others is noted along with the facility's inability to find psychiatric hospitalizations and a request for SST services. An SST meeting was scheduled for 08-03-11.

**08-03-11** - SST meeting location changed and ISSA not notified of the change; however, the PAS agency indicated that alternate placement was being sought and the PAS agent supported short-term hospitalizations.

**08-24-11** - The ISSA agency recommended hospital psychiatric admission noting that the recipient has been taken to the hospital with suicidal behaviors but was usually sent back to the CILA home due to unavailable beds or unwillingness to admit him.

**09-12-11** - The ISSA agency documented lack of communication with SST and then notification that there had been a staff change within the SST.

**09-14-11** - The ISSA agency representative participated in a conference call in which it was discussed that the next time the recipient visits the emergency room for behaviors that additional behavioral documentation be sent with him to help facilitate a possible hospitalization.

**09-27-11** - The ISSA agent observed the recipient teasing staff and peers.

**09-29-11** - The ISSA agent was notified of the recipient's suicide threats over the weekend. The SST set up a meeting but failed to notify the PAS agent in a timely manner for participation. Follow-up contact was made regarding the meeting results which included a recommendation that behavioral documentation be culminated.

**10-04-11** - The ISSA agency attempted to discuss placement with another provider but the provider refused.

**10-12-11** - The ISSA agent attended an SST meeting.

**10-20-11** - The ISSA agent attended an SST meeting.

**11-08-11** - The ISSA agent attended an SST meeting.

**11-29-11** - The ISSA agent attended an SST meeting.

**11-30-11** - The ISSA agency was notified of the recipient's arrest and then called the family friend who bailed the recipient out of jail. The agency then sent packets out to various providers.

**In January and February 2012**, the ISSA agency documented follow-up contacts with various CILA providers until a provider was identified for the recipient's placement. Besides the notes listed above, additional notes documented numerous routine visits and contacts with the recipient and those involved with his treatment.

Quarterly visiting notes with the recipient were also reviewed. In a visit with the recipient dated 05-31-11, the ISSA agent noted that the recipient had struck a peer, that he had been given a 30

day notice of discharge, that the recipient had a broken finger from the incident, that a new psychiatrist had made some medication changes,, that he has a behavior plan and that he initially refused to appeal as he was "ready to move." Plans were discussed with the recipient to seek alternate placement. In a 07-13-11 visitation note, the ISSA agent documented that the recipient indicated that he did not want to move but would consider other CILA options. Visitation documentation from 10-12-11, stated that the recipient's behaviors continued and the ISSA agent's difficulty in finding a CILA match for the recipient. SST involvement was documented along with the CILA provider's recent application for additional funding/supports. The 10-12-11 visit notes stated that the recipient's "…team feels that he may benefit from a stay at a psychiatric facility; however, attempts to have him admitted have been unsuccessful. This ISSA is seeking alternative residential placement at the request of the agency, and within [the recipient's] discretion. So far, no agency has been interested, due to [the recipient's] current behavioral issues." And, a note from a visit on 01-24-11 documented the recipient's stay with a family friend after being evicted from his CILA in spite of the recipient winning a placement appeal but subsequent to an arrest. The recipient and family friend voiced dissatisfaction with the CILA provider and the recipient being treated unfairly over behavioral incidents that he reported were due to provocation. The recipient continued to receive psychiatric care, SST involvement and had trial visits with a new CILA provider.

The PAS agency provided copies of recipient evaluations. An evaluation completed 11-10-09 by a clinical psychologist diagnosed his history of aggressive behaviors and state-operated mental health placements. Examples of behaviors exhibited included slapping others, tearing up property, pestering peers, touching others and being non-compliant. A Wechsler Adult Intelligence Scale was administered and documented the recipient's challenges with regard to his ability to reason and sustain attention. Multiple recommendations were made, including the following: participate in activities that foster interaction with others; divide tasks into smaller units; allow for stretch breaks; provide frequent feedback; channel energy into acceptable activities; teach problem-solving approaches to behavioral situation using concrete examples; provide for medication combined with counseling/behavioral interventions; learn to anticipate and avoid negative situations; develop positive ways to deal with stress; clearly define and consistently apply behavior expectations/limitations; and, use of positive reinforcement.

A psychiatry review was conducted on 10-23-11 which recommended an updated neurological evaluation due to a past history of seizures, lab reviews due to medication impact on liver damage; a possible medication change; an assessment of decisional capacity for potential guardianship and the use of rewards in behavioral management. Follow-up with the same psychiatrist was done 11-18-11 which documented that the recipient's behaviors and symptoms were consistent with an ADHD diagnosis and Conduct and Oppositional Defiant disorders. The review stated that the recipient refused formal cognitive testing but functions well with some cognitive limitations. Also, the review stated that "…his antisocial behaviors are more a result of the combination of ADHD, Conduct Disorder and Oppositional Defiant Disorder rather than mental retardation. He engages in most of these activities because he is bored, wants things, and enjoys doing it, rather than impulsively or out of frustration because of limited cognitive abilities."

Notes from an SST meeting dated 09-29-11 documented that a referral regarding the recipient was made on 07-18-11. The meeting notes included discussion of inappropriate sexual behavior, psychiatric visits, labs, the inclusion of records on next visits, the possible need to revise a behavior program to include rewards and CILA provider indication that they have met all criteria listed for the appeal denial. A medication change was noted as well as a referral to the psychiatrist.

Finally, the HRA examined release forms for referrals to numerous CILA providers on 05-31-11 and on 12-20-11.

**Review of DHS Records**

The HRA team examined records provided by the Illinois Department of Human Services.

The HRA reviewed a memorandum dated 03-16-09 from the former Director of the Division of Developmental Disabilities on the topic of After Hours SODC (state-operated developmental center) Admission Protocol. The memorandum is directed to service providers and PAS agencies and provides guidance for state-operated admission after all other options have been exhausted; other options are specifically identified as the involvement of the Clinical and Administrative Review Team (CART), technical assistance from the DHS and other alternatives, including respite, emergency room assistance, hospitalization and alternative living arrangements. When all options fail, the PAS/ISSA agency director is to contact a DHS representative to request state-operated admission resulting in a notification to the appropriate state-operated facility. Within 14 days of the state-operated admission, the PAS agency is to describe the reasoning for the emergency admission and participate in discharge planning which is also to occur within 14 days. All emergency admissions are to be reviewed at the next Crisis Assessment Review Team (CART) meeting. The CART is a regionally based team of individuals involved in disability service provision who review behavioral needs and make recommendations.

The HRA team examined the CILA provider's compliance reviews completed by the DHS Bureau of Accreditation, Licensure and Certification and dating back 3 years. In a review completed on May 1, 2009, the CILA was 86% compliant with deficits noted in the areas of community support teams, communication screens, annual functional reassessments, timeliness of a treatment plan, service plan reviews, medication self-administration assessments, inspections related to private landlord arrangements, and CPR/first aid training for one staff person. A focus review was conducted on April 7, 2010 indicating continued issues with the community support team representation and inspections of private landlord situations. A review completed 07-08-11 found the facility to have a compliance rate of 92% with deficits noted in the areas of functional assessments, measureable objectives, timely service plans, service plan reviews, assessments related to resident supervision needs, assessments related to medication self-administration and physician reviews of medications every six months and every 3 months for psychotropic medications. The review process appeared to focus specifically on CILA regulations although the DHS administration indicated that OIG reports and various interviews were conducted as well.

The HRA team examined documents related to the work of the DHS Bureau of Quality Management. The Bureau conducts quality reviews using specific protocols and tools, many of

which focus on performance measures specific to Medicaid waivers, training issues and provider contracts. The Bureau's reviews are conducted in response to federal requirements to provide evidence of reviews as well as on quality indicators identified through a national project. A random sample of waiver participants are reviewed with each review including a visit with the participant and visits to each of the programs in which the participant is enrolled. If the participant is involved in certain types of residential programs, a medication administrative review occurs as well. Annual reviews of each PAS/ISSA are also conducted. Corrective action plans are submitted for deficiencies found by the Bureau. The Bureau conducted a review of the CILA provider in 2011 that did not include the recipient in this case. The PAS/ISSA was reviewed in both 2011 and 2012. The Bureau's review of the CILA provider in April 2011 indicated an 86% compliance rate with deficiencies noted in Office of Inspector General (OIG) staff training, OIG information to residents/guardians, Department of Children and Family Services state central registry checks of newly employed staff, human rights committee issues and treatment plan approvals by the participant, guardian and PAS/ISSA agency. Some deficiencies were also noted in medication documentation. The provider submitted a plan of correction for all deficits. With regard to the PAS agency/case coordination unit, the 2011 Bureau review indicated an 84% compliance rate with deficits noted in the areas of missing staff background checks, proof of the required number of staff training hours, prioritization reviews not being done face-to-face, missing medical histories and lack of proof of treatment plan approvals. A correction action plan addressed all deficits. The Bureau's ISSA 2012 review indicated a 92% compliance rate with deficits in the documentation of training hours and treatment meeting participation, medical histories for 2 individuals, lack of face to face meetings for prioritization updates and some missing quarterly visits; a corrective action plan was submitted. The PAS/ISSA review process addresses the pre-screenings, visits, staff training, state-operated facility transition training, staff understanding of behavioral/rights issues, the completion of certain forms and a conflict resolution process; and, the checks of service recipients include a review of treatment plans, mental health issues and behavioral needs only with regard to clients who receive services as a Bogard client. There is nothing within the Bureau's review of the PAS/ISSA that would necessarily trigger a review of a client with significant, repeated behavioral needs unless the individual receives Bogard services. The CILA review process includes provisions for checking restraint use, human rights committee reviews, rights restrictions, treatment plans, risk assessments, policies, training and background checks but the review is sample driven and there is no indication that the record of a challenging service recipient would necessarily be selected for review.

SST documents were also examined by the HRA team. According to a fact sheet, an SST:

> "…will provide an interdisciplinary technical assistance training response to persons with a developmental disability in a medical or behavioral situation that challenges their ability to live and thrive in the community. The SSTs will observe, assess, evaluate, consult with family members and providers working to support the person and provide training as necessary….The SSTs are not a substitute for emergency medical and psychiatric services and hospitalization….The SSTs will serve all persons with a developmental disability living in a community setting experiencing challenges with an urgent, chronic or cyclical medical or behavioral concern that has not been responsive to interventions….SSTs in concert with the DDD and PAS/ISC processes will be able to

> access support staff add-ons. A short term stabilization process will also be developed and implemented with a few State-Operated Developmental Centers….Referrals will be made by the DDD Network staff during business hours."

In some areas of the state, private contractors provide the SST service, including in the region covered in this case. SST notes indicated that the SST referral was made on 07-18-11, SST representatives met with the client and CILA provider on 07-20-12 and conducted an observation of the client on the bus and at his residence. Follow-up SST contact was made with the client and agency staff on 08-01-11 after a suicide threat. One SST note in August 2011, indicated that state-op placement would be pursued by the agency without the recipient's consent as it was thought the recipient would not agree to state-operated facility admission. Various meetings and conference calls were held in August, September and October with discussions regarding a crisis plan, behavioral data, guardianship, IQ testing, behavioral programming, and a referral to a psychiatrist; there was no further mention of state-operated placement although the lack of community hospital options was mentioned. Contacts with PAS/ISSA continued through November. On 11-18-12 the SST nursing and a consulting psychiatrist met with the recipient and residential staff for a screen and the psychiatrist's recommendations were presented to his treatment team after which the recipient was arrested and taken to jail for an incident that occurred in October. The SST offered services to the family friend who bailed the recipient out of jail but they were refused. The SST maintained contact with the PAS/ISSA agency regarding placement options and for follow-up. The SST offered the following formal recommendations: the use of the recipient's personal preference in daily routine as much as possible; ignore behaviors as a behavioral approach; behavioral specialist continued involvement in monitoring a behavior plan, consider all suicide threats and attempts as serious; develop a preference assessment for reinforcers; ensure staff have current training on non-violent physical crisis intervention; use a positive incentive program allowing the recipient to earn things; use replacement behavior as a teaching tool; maintain ongoing psychiatric monitoring and evaluation. There was no evidence that the recipient was the subject of a CART meeting.

The HRA also examined the fiscal year 2012 contracts between DHS and the CILA provider. With regard to related issues in this case, both contracts certify that the provider is in compliance with the Abuse of Adults with Disabilities Intervention Act. Both indicate that the DHS will monitor the provider's compliance with the contact. There is also reference to performance measures which specifically refer to the units of service provided to each CILA participant.

Finally, the HRA examined the DHS application for admission to a state-operated facility. The application form identifies the person completing the application, the type of admission (e.g. emergency, diagnostic, temporary and administrative), DHS network staff, the PAS agency, designated individuals to receive rights information, diagnoses, behaviors, criteria for a return to the community, guardianship information, information regarding the provision of DHS technical assistance, medical information, placement history, results of CART review, and a listing of legal rights, including the right to object to the admission which may result in a court hearing. The form states that "The court must disapprove the individual's admission if: (1) The individual does not have a developmental disabilities; (2) The individual does not need the SODC's services; or (3) A less restrictive location is appropriate for the individual."

**DHS Developmental Disabilities Program Manual Review**

The HRA team reviewed various policies related to the complaints in this case. The DHS Developmental Disabilities Program Manual is described as follows:

> …a guide to information about Illinois' developmental disabilities service system. In addition, this document provides supplementary contractual requirements for disability service providers under contract with DHS.
>
> The Division of Developmental Disabilities (Division) has oversight for the Illinois system of programs and services specifically designed for individuals with developmental disabilities….The Division also manages the operations of residential services to individuals with developmental disabilities who reside in state-operated developmental centers (SODC's). These developmental centers generally provide residential services to persons with developmental disabilities who have a higher level of need, or to individuals in crisis.

The manual defines the various services of the PAS and Individual Service Support and Advocacy Programs (ISSA). The PAS agency is to conduct assessments, determine service eligibility, handle service linkage and provide monitoring for 4 weeks following the initiation of services. The ISSAs "…provide collaborative assistance…to enhance service delivery and effectiveness of service provision" through quarterly visits to recipients, participation in treatment planning, conflict resolution, referrals for DHS technical assistance for concerns, and review and verify staff add-on requests.

The DHS manual describes state-operated facilities as follows:

> State Operated Developmental Centers (SODCs) are specialized Intermediate Care Facilities/Developmental Disabilities (ICF/DDs) for persons with developmental disabilities who are unable to be served in a community setting due to intense behavioral and/or medical difficulties. Admission to one of the eight SODCs occurs only after a careful screening by the Pre-Admission Screening (PAS) agency and review by a team that includes the individual, guardian, family, current and prospective service providers, network staff from the Division and representatives from the SODC. Intensive services will be provided to the individual with the goal of restoring a community living situation for the person as quickly as possible. Essential to successful habilitation in an SODC is the participation in transitional services by the appropriate PAS agency and community service providers.
>
> **Eligibility Requirements**: Must have a developmental disability and require intensive supports/supervision not available in a community setting. Persons must be screened by a PAS agency, receive technical assistance through the DD Network Clinical and Administrative Review Team (CART), and be approved for admission by an SODC representative.
>
> **Priority or Target Population**: Individuals with developmental disabilities who are unable to have needs met in the community.

A CILA is described as:

> A flexible living arrangement for adults with a developmental disability that focuses on the service needs of the individual in his or her home or a community setting where eight or fewer individuals live together under the supervision of a licensed agency. CILA services are provided in compliance with 59 Ill. Adm. Code 115 (Standards and

Licensure Requirements for Community-Integrated Living Arrangements). The Department continues to support programs 61D and 65H although these programs are not being expanded and vacancies are not being filled. Program 60D is being expanded as appropriations permit.

**Eligibility Requirements**: Individuals served in this program must be determined to have a developmental disability. Must not be a danger to self or others, as defined in the Procedures Manual for Developmental Disabilities Pre-Admission Screening Agencies.

Individuals must be screened for eligibility and offered an informed choice by a DHS-designated Pre-Admission (PAS) agency prior to receiving services.

If receiving services through another Medicaid waiver, the individual must choose to receive services through the adult DD Medicaid waiver and can not be enrolled in any other Medicaid waiver including Department of Rehabilitation Services, Department of Aging, or the Department of Healthcare and Family Services (DHFS) Division of Specialized Services for Children Medically-Fragile Technology-Dependent Waiver.

The manual further identifies the following responsibilities of DHS:

Division Network staff shall act as the liaison between the contracting parties.

DD staff shall assist in the monitoring, evaluating, or auditing of provider services.

The Division shall provide on-going monitoring of provider services and funding.

The Division shall inform provider agencies of any new DHS (or Division) policies, procedures and guidelines.

The Division shall develop and facilitate the dissemination of new Division policies, procedures, and guidelines.

The Division will develop and provide training opportunities as it deems necessary.

The DHS support services section of the manual simple states that "Providers may request technical assistance by contacting the Division Network Facilitator for their area."

**DHS Policy Manual for PAS**

The DHS PAS policy manual provides PAS agencies with guidelines for intake, assessment and eligibility determinations. Section 200.50 identify required assessments and timelines in which the assessments are still applicable. The required assessments include the following: the Inventory for Client and Agency Planning (ICAP), a psychological evaluation, a medical history, and a physical examination. Other assessments can be completed if needed as determined by the PAS agency, such assessments include communication, audiological, physical therapy, occupational therapy, behavior therapy, psychiatric and psychosocial assessments. Assessment information is then used by the PAS agency to determine the need for 24 hour nursing care and active treatment; the determinations are documented on prescribed forms. The determination of a disability would include a cognitive impairment manifested before the age of 18 resulting in an IQ of 70 or below or a related condition that occurred before the age of 22 that resulting in limitations in various life activities. Active treatment is defined as "a continuous program for each individual, which includes aggressive, consistent implementation of a program for specialized and generic training, treatment, health services and related services that are directed toward: 1. The acquisition of behaviors necessary for the individual to function with as much

self-determination and independence as possible. 2. The prevention or declaration of regression or loss of current optimal functional status." Factors to consider with regard to the need for active treatment include the ability to handle daily activities without supervision, the individual's vulnerability and coping skills, the individual's ability to conduct self appropriately away from supervision, and the ability to respond appropriately to emergencies. Subsequent to the eligibility and active treatment determinations, another prescribed form documents a recipient's service needs; examples of service needs might be day program options, therapy, respite and home modifications.

## MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees that for recipients of mental health and developmental disabilities services "…services shall be provided with adequate and humane care and services in the least restrictive environment, pursuant to an individual services plan. The Plan shall be formulated and periodically reviewed with the participation of the recipient to the extent feasible and the recipient's guardian, the recipient's substitute decision maker, if any, or any other individual designated in writing by the recipient. The facility shall advise the recipient of his or her right to designate a family member or other individual to participate in the formulation and review of the treatment plan. In determining whether care and services are being provided in the least restrictive environment, the facility shall consider the views of the recipient, if any, concerning the treatment being provided. The recipient's preferences regarding emergency interventions under subsection (d) of Section 2-200 shall be noted in the recipient's treatment plan."

The Code states that persons with intellectual disabilities are not to reside in state-operated mental health facilities unless the individual is determined to be a person with mental illness and the facility director indicates that appropriate treatment can be provided (405 ILCS 5/4-201).

According to the Code, there are three primary means for persons with cognitive impairments to gain access to state-operated developmental disabilities facilities: Administrative and Temporary Admissions, Emergency Admissions, and Judicial Admissions.

An Administrative/Temporary admission requires a diagnostic evaluation to determine appropriateness for admission (405 ILCS 5/4-200). Evaluation results are culminated into a report along with a recommendation for the least restrictive and appropriate living arrangements (405 ILCS 5/4-301). The Code states that administrative admission can occur as follows:

> A person with a developmental disability may be administratively admitted to a facility upon application if the facility director of the facility determines that he is suitable for admission. A person 18 years of age or older, if he has the capacity, or his guardian, if he is authorized by the guardianship order of the Circuit Court, may execute an application for administrative admission. Application may be executed for a person under 18 years of age by his parent, guardian, or person in loco parentis….(405 ILCS 5/4-302)
>
> A person may be admitted pursuant to the recommendation of the diagnostic report. At the time of admission, a clear written statement and oral explanation of the procedures for discharge, transfer and objection to admission shall be given to the person if he is 12

years of age or older and to the person who executed the application. Within 3 days of the admission, notice of the admission and an explanation of the objection procedure shall be sent or given to the persons specified in Section 4-206. (405 ILCS 5/4-304)

Interested parties or the service recipient can object to an administrative or temporary admission by submitting a written objection to the facility director (405 ILCS 5/ 4-305). The recipient can then be discharged within 5 days, withdraw the objection, or the facility can file a petition and certificate for court review of the admission (405 ILCS 5/4-306)

This section of the Mental Health Code also allows for the following:

(a) A person with a developmental disability may be temporarily admitted to a facility for respite care intended for the benefit of the parent or guardian, or in the event of a crisis, care where immediate temporary residential services are necessary, upon application by a person empowered to make application for administrative admission, if the facility director determines that the individual is suitable for temporary admission. The application shall describe the person's developmental disability and shall conform with the provisions of paragraph (a) of Section 4-301.

(b) A temporary admission may continue for not more than 30 days. A client admitted on a temporary basis shall be provided with such services as are determined by mutual agreement between the facility director, the client, and the person executing the application.

(c) Upon temporary admission, a clear written statement and oral explanation of the objection procedure shall be given to the client if he is 12 years of age or older. Within 3 days of a temporary admission, notice of the admission and an explanation of the objection procedure shall be sent to the persons specified in Section 4-206. An objection to temporary admission may be made and heard in the same manner as an objection to administrative admission. (405 ILCS 5/4-311)

Further Code provisions for administrative or temporary admission allow for the person who executed the application to receive a notice about their right to request a review hearing of admission denial. The request must be made within 14 days of the denial. (405 ILCS 5/4-312)

Pursuant to the Mental Health Code, Emergency Admission represent another form of entry into a state-operated facility as follows:

(a) A person 18 years of age or older may be admitted on an emergency basis to a facility under this Article if the facility director of the facility determines: (1) that he is intellectually disabled; (2) that he is reasonably expected to inflict serious physical harm upon himself or another in the near future; and (3) that immediate admission is necessary to prevent such harm. (405 ILCS 5/4-400)

The Code's process for an emergency admission begins with a petition as outlined below:

A petition for emergency admission may be submitted to the facility director of a facility by any interested person 18 years of age or older. The petition shall include a detailed statement of the basis for the assertion that the respondent meets the criteria of Section 4-400 including a description of any act or significant threat supporting the assertion; the name and address of the spouse, parent, guardian, and close relative or, if none, any

known friend of the respondent; a statement of the petitioner's relationship to the respondent and interest in the matter; the name, address and phone number of any witness by which the facts asserted may be proved. The petition may be prepared by the facility director of a facility. (405 ILCS 5/4-401)

According to the emergency admission process, an examination and certificate are to follow the petition:

> (a) No person may be detained at a facility for more than 24 hours pending admission under this Article unless within that time a clinical psychologist, clinical social worker, or physician examines the respondent and certifies that he meets the standard for emergency admission.
> (b) The certificate shall contain the examiner's observations, other factual information relied upon, and a statement as to whether the respondent was advised of his rights under Section 4-503. If no certificate is executed, the respondent shall be released immediately. (405 ILCS 5/4-402).

A peace officer can take an individual into custody upon receiving a petition and certificate and transport the individual to a developmental disabilities facility as per Section 4-403. A peace officer can also take a person into custody and transport the person to a facility if, due to the officer's direct observation, the person meets criteria for emergency admission and then completes the petition. (405 ILCS 5/4-404) The court can order temporary detention and an evaluation of the person based on the observation of the peace officer and order the peace officer to take the person to a facility. An evaluation, petition and certificate must be completed within 24 hours of the person being detained or the person is released (405 ILCS 5/4-405). The admitting facility is to file with the court copies of the petition, certificate, proof of service and a rights explanation within 24 hours and an evaluation report is to be filed with the court within 7 days of admission after which a hearing is set to decide if the individual meets the criteria for judicial admission (405 ILCS 5/4-407).

Judicial Admission represents another means for admitting an individual with cognitive impairments as per the Mental Health Code:

> A person 18 years of age or older may be admitted to a facility upon court order under this Article if the court determines: (1) that he is intellectually disabled; and (2) that he is reasonably expected to inflict serious physical harm upon himself or another in the near future. (405 ILCS 5/4-500)

The judicial admission begins with a petition which can be filed by anyone age 18 or older which may be accompanied by a certificate who examined the individual no more than 72 hours prior to the filing of the petition; the certificate must indicate that the clinical psychologist, clinical social worker or physician determines that the individual meets the standard for judicial admission (405 ILCS 5/4-501) If a certificate is not filed with the petition and there is a valid reason for it not being attached, the court may order an examination. If an examination results in a certificate, the certificate will be filed with the court. If the petition and certificate are in order, the court can then order a diagnostic evaluation; the diagnostic evaluation is then filed with the court after which a hearing is set within five days (405 ILCS 5/4-502, 405).

The HRA examined the Developmental Disability and Mental Disability Services Act (405 ILCS 80/4-1) which provides for screening, assessment and support services as follows:

> The Department of Human Services may provide access to home-based and community-based services for mentally disabled children and adults through the designation of local screening and assessment units and community support teams. The screening and assessment units shall provide comprehensive assessment; develop individual service plans; link the persons with mental disabilities and their families to community providers for implementation of the plan; and monitor the plan's implementation for the time necessary to insure that the plan is appropriate and acceptable to the persons with mental disabilities and their families. The Department also will make available community support services in each local geographic area for persons with severe mental disabilities. Community support teams will provide case management, ongoing guidance and assistance for mentally disabled persons; will offer skills training, crisis/behavioral intervention, client/family support and access to medication management; and provide individual client assistance to access housing, financial benefits, and employment-related services.

Under the Developmental Disability and Mental Health Safety Act (Aka Brian's Law) which became effective January 1, 2011, the DHS is to make assurances regarding rights information:

> Department of Human Services shall ensure that individuals with disabilities and their guardians and families receive sufficient information regarding their rights, including the right to be safe, the right to be free from abuse and neglect, the right to receive quality services, and the right to an adequate discharge plan and timely transition to the least restrictive setting to meet their individual needs and desires. The Department shall provide this information, which shall be developed in collaboration with the agency designated by the Governor pursuant to the Protection and Advocacy for Developmentally Disabled Persons Act, in order to allow individuals with disabilities and their guardians and families to make informed decisions regarding the provision of services that can meet the individual's needs and desires. The Department shall provide this information to all facilities and community agencies to be made available upon admission and at least annually thereafter for as long as the individual remains in the facility. (405 ILCS 82/40)

Regulations that govern CILAs provide direction on how such facilities are to operate. The CILA's purpose is **"…** to promote optimal independence in daily living and economic self-sufficiency of individuals with a mental disability. [59 Ill. Admin. Code 115.100]" CILAs are to provide an "array of services" to meet individual needs. If a service recipient's needs increase then the CILA provider "… will make a reasonable effort to modify the service array rather than requiring the individual to move to a different setting. The services must continue to be able to be provided within the scope and resources of the CILA program. The individual may remain in his or her own home. Once accepted for service by an agency, termination of services may only occur by voluntary withdrawal of the individual or resulting from the recommendation of the interdisciplinary process and based on the criteria contained in Section 115.215…. Licensed CILA agencies technically agree to a no-decline option; however, the agency may decline services to an individual because it does not have the capacity to accommodate the particular

type or level of disability (e.g., an agency that serves only individuals with autism) and cannot, after documented efforts, locate a service provider which has the capacity to accommodate the particular type or level of disability…. CILAs shall be designed to promote optimal independence in daily living, economic self-sufficiency and integration into the community through the interdisciplinary process. [59 Ill. Admin Code 115.200]"

CILA providers can only terminate services for the following reasons as per Section 115.215:

> 1) The medical needs of the individual cannot be met by the CILA program; or
>
> 2) The behavior of an individual places the individual or others in serious danger; or
>
> 3) The individual is to be transferred to a program offered by another agency and the transfer has been agreed upon by the individual, the individual's guardian, the transferring agency and the receiving agency; or
>
> 4) The individual no longer benefits from CILA services.
>
> 5) Termination of services shall occur only if the termination recommendation has been approved by the Department. For individuals enrolled in the Department's Medicaid DD Waiver, termination of services is subject to review according to 59 Ill. Adm. Code 120.

CILA services are provided through a community support team which includes the recipient, guardian and service providers involved in the recipient's care (59 Ill. Admin Code 115.220). The community support team is also responsible for developing, implementing and revising a treatment plan for each recipient using an interdisciplinary process and assisting the individual in obtaining needed services, including mental health services (59 Ill. Admin. Code 115.230).

CILA regulations mandate that certain administrative requirements be met including, behavior and rights review committees, abuse/neglect reporting protocol, an admission policy, cooperation with monitoring bodies, staff training, access to physician services, and a quality assurance program. There is nothing in CILA regulations that specifically requirement an agreement with a hospital for medical or mental health services. (59 Ill. Admin. Code 115.320)

## CONCLUSIONS

The complaint states that an individual residing at a Community Integrated Living Arrangement (CILA) had behavioral health needs that were jeopardizing his CILA placement and impacting the safety of other CILA recipients but he was unable to access more intensive services available through admission to a state-operated facility or a community hospital. Choate Developmental Center is the state-operated facility located closest to the CILA.

Evidence reviewed by the HRA in this case indicated that a recipient was admitted to a CILA from a psychiatric hospital. He had a history of behaviors and past hospitalizations but it is unclear the extent to which the CILA provider was aware of the history and there was no identified plan should the recipient have a crisis other than the behavioral plan developed by the provider. The record also indicated that the CILA provider engaged in various activities to attempt to address the recipient's needs, including behavioral programs, consultations, the involvement of the PAS/ISSA agency, and hospitalization. After CILA termination was denied,

additional services, on behalf of the recipient, were secured including staff add-ons, SST involvement and additional consultations. There was no documentation that the CART process was pursued. In spite of the various services and supports, the recipient's behaviors continued to the point that other recipients were leaving or threatening to leave and the recipient had 2 instances in which he was suicidal. Numerous attempts to secure community hospitalization specifically after suicidal threats were unsuccessful. The HRA examined evidence of a completed application for state-operated admission which appeared to have been exchanged between the CILA provider and PAS/ISSA agency; however, the specific outcome of the application was not documented. There was no response provided to the application if it had been submitted to DHS and as required for an administrative/temporary admission. There was no evidence that any entity filed petitions or certificates for administrative, emergency or judicial admission to a state-operated facility. The HRA contends that behaviors significant enough to result in an arrest and conviction would be serious enough to meet the documented purpose state-operated admission absent community hospitalization. Instead, the CILA provider pursued the recipient's arrest for an incident that occurred in the prior month and he no longer received services from the CILA provider. The only DHS directives related to hospitalization for behavioral health needs are stated in a memo that is several years old.

While the HRA applauds all parties on their very important work in integrating individuals with developmental disabilities into Illinois communities and many of the efforts made on behalf of this recipient specifically, this case identifies a serious service gap that impacted the safety and well-being of a CILA resident, his housemates, his co-workers and agency staff. The identified gap has the potential of having a systemic impact on all current and future CILA participants. Specifically, individuals with developmental disabilities need access to crisis hospitalization for behavioral needs or suicidal threats. Both the CART and SST processes are viable resources to assist with crisis care; however, when all options fail and the behaviors continue, crisis care is needed to ensure the full continuum of service provision. The HRA also noted that the SST made recommendations that were similar to actions already taken by the CILA provider. The HRA contends that the provision of crisis hospitalization is an assurance of the DHS mission, the Mental Health Code right to "adequate and humane care and services" and the Developmental Disability and Mental Disability Services Act which requires the DHS to "…make available community support services in each geographic area for persons with severe mental disabilities… [including] Community supports teams [that] will provide….crisis/behavioral intervention." CILA regulations require CILAs to provide an "Array of services", including the provision of mental health services which is addressed in the CILA/DHS contract. The DHS program manual requires the ISSAs to provide service linkage and referrals and state-operated facilities are to provide specialized care for individuals with intense behavioral needs who cannot be served in the community. The HRA also contends that while all parties played a role in this situation, it is ultimately the responsibility of the DHS to fund, guide and monitor service provision. The HRA also believes that there is a need, at the front end of community placement, to ensure that a provider have adequate behavioral and crisis supports for individuals with a history of behavioral health needs. For the recipient in this case, behavioral problems surfaced early in each of the CILA placements. Finally, the HRA notes that the CILA provider's licensure and quality reviews did not indicate deficits in treatment provision, staffing levels or other clinical areas.

**Because the individual in this case was unable to access community hospitalization in at least 2 times of crisis, follow-through and a state-operated admission application was not completed, and the DHS had some degree of knowledge about the recipient's crises via the SST and PAS/ISSA, the HRA substantiates the complaint and a violation of a recipient's right to adequate treatment with regard to crisis services.**

**The HRA recommends the following:**

1. **To ensure the provision of adequate treatment during times of crises while an individual is residing in a community setting licensed/funded through the DHS, develop formal protocol/guidelines for providers to seek hospitalization, including state-operated hospitalization or other crisis arrangements, to be distributed to providers, ISSAs and network facilitators.**

2. **Clearly define the responsible parties for facilitating hospitalization and the role each plays.**

3. **Educate providers on the state-operated admission or crisis intervention processes for persons with developmental disabilities.**

4. **When applications for state-operated administrative/temporary admission are approved or denied provide a written determination so that other Code guaranteed processes (e.g. review hearing request) can be initiated.**

5. **Ensure that pre-screening information shared with CILA providers includes a history of behaviors. When an individual with known behavioral health needs is being considered for community placement, ensure appropriate placements and adequate behavior/crisis supports prior to admission.**

The HRA also offers the following suggestions for consideration:

1. Consider the development of formal agreements with hospitals in the various catchment areas to ensure a continuum of service provision.

2. If hospitals are full, utilize state-operated facilities or identify other crisis beds to meet crisis needs. Clearly define the means to access crisis beds, the responsible parties and their specific roles.

3. Encourage providers to notify the DHS and advocacy entities when service recipients are denied hospitalization solely because of their cognitive impairments.

4. Ensure service providers are using existing resources, including the CART and SST processes. Offer providers a means to give feedback on the CART and the SST processes.

5. Conduct regular reviews of crisis situations as a systems quality assurance tool to identify and address service gaps.

6. When conducting licensure and quality reviews, include in the recipient sample, recipients who have had significant or frequent behavioral issues or incidents.

7. Ensure follow-up occurs when there is a PAS recommendation regarding guardianship.

**The HRA commends the full cooperation of all parties involved in the scope of its investigation.**

**RESPONSE**

**Notice: The following page(s) contain the provider response. Due to technical requirements, some provider responses appear verbatim in retyped format.**

REGIONAL HUMAN RIGHTS AUTHORITY

HRA CASE NO. 12-110-9009

SERVICE PROVIDER: DHS/Choate Developmental Center

Pursuant to Section 23 of the Guardianship and Advocacy Act (20 ILCS 3955/1 *et seq.*), we have received the Human Rights Authority report of findings.

# IMPORTANT NOTE

**Human Rights Authority reports may be made a part of the public record. Reports voted public, along with any response you have provided and indicated you wish to be included in a public document will be posted on the Illinois Guardianship and Advocacy Commission Web Site. (Due to technical requirements, your response may be in a verbatim retyped format.) Reports are also provided to complainants and may be forwarded to regulatory agencies for their review.**

We ask that the following action be taken:

__✓__ We request that our response to any recommendation/s, plus any comments and/or objections be included as part of the public record.

_____ We do not wish to include our response in the public record.

_____ No response is included.

[signature]
NAME

[signature]
TITLE

8/7/13
DATE

Pat Quinn, Governor

Michelle R.B. Saddler, *Secretary*

319 East Madison Street • Springfield, Illinois 62701

August 21, 2012

Teresa Parks, Director
Human Rights Authority
401 Main Street
Suite 620
Peoria, Illinois 61602

Dear Director Parks:

The Division of Developmental Disabilities (DDD) within the Department of Human Services (DHS) has reviewed the Egyptian Regional Human Rights Authority's (HRA) report regarding Case #12-110-9009. For the most part we concur with the findings, recommendations, and suggestions reflected in your report. Thank you for bringing these issues to my attention.

As identified in the report, the Division remains committed to integrating individuals with developmental disabilities into community-based services. The platform for a more responsive, if not fully developed, community integration system has been laid; however, the HRA report identified some vulnerabilities in our system that have yet to be fully addressed. As such, meetings have been held with Division of Developmental Disabilities (DDD) senior management staff to discuss systemic and procedural changes needed to ensure that individuals in crisis have access to appropriate supports and services. For instance, DDD is considering implementing the recommendation of providing a written determination when applications for State-Operated Developmental Center administrative or temporary admissions are approved or denied in order to ensure other Code guaranteed processes (e.g. review hearing request) can be initiated.

The following represents DDD's response to each HRA's recommendation.

1) To ensure the provision of adequate treatment during times of crises while and individual is residing in a community setting licensed/funded through the DHS, developed formal protocol/guidelines for providers to seek hospitalization, including state-operated hospitalization or other crisis arrangements to be distributed to provides, ISSA's and network facilitators.

DDD will develop guidelines for the provision of services to individuals in crisis situations including the implementation of a written crisis plan upon transition of the individual to the provider who has a history of behavioral, psychiatric, or medical issues. This preventative crisis plan shall be written by the provider in coordination with the individual/guardian and the respective area Pre-Admission Screening/Independent Service Coordination (PAS/ISC) agency.

The preventative crisis plan will include past crisis history, present crisis challenges, or possible anticipated crisis challenges due to history, and will address the presented behavioral, psychiatric, or medical crisis history to include hospitalization plan, if needed.

2) Clearly define the responsibility parties for facilitating hospitalization and the role each plays.

Upon transition to the Community Integrated Living Arrangement (CILA), a preventative crisis plan will be developed/implemented by the service provider in tandem with the individual, guardian, and local PAS/ISC agency to outline what has precipitated crisis situations in the past, what needs to be in place preventively to reduce crisis, and what will happen if the individual is in crisis. After all actions in the plan have been implemented without success, local hospitalization will be explored on behalf of the individual, if needed. The local Support Service Team (SST) will also be included in this plan development, as needed.

3) Educate providers on the state-operated admission or crisis intervention processes for persons with developmental disabilities.

DDD will facilitate re-training for PAS/ISC agencies and providers on the process for State-Operated Developmental Center admission and crisis intervention processes to include implementation of a preventative crisis plan for individuals with a history of behavioral, psychiatric, or medical crisis. DDD will continue discussions with local PAS/ISC agencies regarding their efforts to build relationships and collaborative linkages with local hospitals in community service areas.

4) When applications for state-operated administrative/temporary admission are approved or denied provide a written determination so that other Code guaranteed processes (e.g. review hearing request) can be initiated.

DDD is continuing to discuss the recommendation of providing a written determination when applications for State-Operated Developmental Center administrative or temporary admission are approved or denied in order to ensure other Code guaranteed processes (e.g. review hearing request) can be initiated.

5) Ensure that pre-screening information shared with CILA providers includes a history of behaviors. When an individual with known behavioral health needs is being considered for community placement, ensure appropriate placements and adequate behavior/crisis supports prior to admission.

DDD will facilitate training with PAS/ISC agencies to discuss disclosure of individual's history of present and past behaviors (consents for release of information in place), encourage providers to contact past providers of service for additional information, and dialogue regarding the individuals referred for services. Local PAS/ISC agencies will encourage pre-transition visits to the respective new provider for the individual, guardian, and provider in order to determine if a good match, implementation of preventative crisis plan in place prior to transition to identify needs, supports, and services including behavioral, crisis, and hospitalization plan.

We will keep you apprised of our progress in regards to the five recommendations above. Thank you for the opportunity to respond to this report.

Sincerely,

Kevin Casey

Kevin Casey, Director
Division of Developmental Disabilities

cc: Greg Fenton, Deputy Director of SODC Operations
Mary Spriggs Ploessl, Deputy Director for Community Services

Pat Quinn, *Governor*

Michelle R. B., Saddler, *Secretary*

319 East Madison, Suite 4N
Springfield, IL 62701

January 28, 2013

Ms. Teresa Parks, Director
Human Rights Authority
401 Main Street, Suite 620
Peoria, IL 61602

Dear Ms. Parks:

In response to your request for follow-up information, below are the Division's updated responses to the recommendations contained in the Egyptian Regional Human Rights Authority's report regarding Case #12-110-9009. If you have any questions or concerns, please contact us.

1. To ensure the provision of adequate treatment during times of crises while an individual is residing in a community setting licensed/funded through the DHS, develop formal protocol/guidelines for providers to seek hospitalization, including state-operated hospitalization or other crisis arrangements, to be distributed to providers, ISSAs and network facilitators.

As each individual is transitioned from a State-Operated Developmental Center (SODC), a Transition Addendum to the Individual Support Plan is developed that reflects the comprehensive service needs of the individual and intervention strategies. On an annual basis, the CILA provider must develop an Individual Service Plan that includes a risk assessment and mitigation strategies to prevent crisis situations. (See risk assessment guidelines at http://www.dhs.state.il.us/page.aspx?item=58999.)

Should crises occur, the Division implemented a Crisis Transition Plan and Funding Request protocol for individuals requesting services in crisis situations. A standard form and instructions were developed and distributed. (See attached documents.) The new process was presented as draft to the PAS/ISC agencies in June, 2012 and subsequent training was provided in December, 2012. This form is now in use.

In addition, the Division developed and posted guidelines for providers and PAS/ISC agencies to use in seeking on-site technical assistance and support in addressing crisis situations. The Service and Support Team (SST) Referral Process is available at http://www.dhs.state.il.us/page.aspx?item=52458. The reasons for SST referral is located at http://www.dhs.state.il.us/page.aspx?item=52772.

2. Clearly define the responsible parties for facilitating hospitalization and the role each plays.

As stated in our response on August 21, 2012, after all actions in the individual's plan have been implemented without success, the provider is responsible for exploring other support options, including any needed hospitalization services. The SST may assist in these efforts upon request. Please see response in Recommendation #1 above for additional information about SST.

3. Educate providers on the state-operated admission or crisis intervention processes for persons with developmental disabilities.

The Division uses a standard form for use in applying for admission to an SODC. The form is available at http://www.dhs.state.il.us/onenetlibrary/12/documents/Forms/IL462-2001aD.pdf. The Division previously issued instructions for contacting the Division during non-business hours if necessary regarding SODC admissions. (See attached memorandum.) These instructions will be re-issued by the Division and posted as an informational bulletin by February 28, 2013. We will ensure you receive a copy.

4. When applications for state-operated administrative/temporary admission are approved or denied provide a written determination so that other Code guaranteed processes (e.g. review hearing request) can be initiated.

The Division has decided not to provide a written determination. Provider agencies are not denied access to an SODC but rather encouraged to take advantage of crisis resources that are available to community-based settings. Within the Division's current structure, admission to an SODC is available as a last resort once community-based resources are exhausted.

5. Ensure that pre-screening information shared with CILA providers includes a history of behaviors. When an individual with known behavioral health needs is being considered for community placement, ensure appropriate placements and adequate behavior/crisis supports prior to admission.

The Division recently consolidated the SODC Transition Plan into the Individual Support Plan. As a result, the consolidated plan is a better reflection of the individual's behavior support needs. It encourages prospective providers to read the complete Individual Support Plan to obtain a more in depth knowledge of the individual's needs and intervention strategies.

Please feel free to contact me if you have any additional questions.

Sincerely,

Kevin Casey, Director
Division of Developmental Disablities

Pat Quinn, *Governor*

Carol L. Adams, Ph.D., *Secretary*

319 E Madison Street ! Springfield, Illinois 62702-5058

**DATE:** March 16, 2009

**TO:** DD Service Providers
DD Pre-Admission Screening Agencies

**FROM:** Lilia Teninty, Director
Division of Developmental Disabilities

**RE:** After Hours SODC Admissions Protocol

This memorandum serves as official notice to the field of a change in the protocol when an admission to a State-operated Developmental Center (SODC) is sought after the close of normal business hours or on weekends. This change is being implemented in an effort to bring clarity to the process and to assure that all efforts to maintain an individual in his or her current residential setting have been exhausted prior to seeking SODC admission. Effective immediately, the following is in force:

Provider agencies must exhaust all available options prior to seeking a State-operated Developmental Center (SODC) emergency admission. These efforts must include at least the following: 1) previous involvement with the Clinical and Administrative Review Team (CART); 2) technical assistance (TA) from Central Office and/or SODC staff; and 3) documented efforts to secure respite services, to access an alternative living environment, and to seek emergency room and/or hospitalization services for stabilization of the individual in crisis who is presenting as an imminent risk and/or danger to himself/herself or others.

If these attempts by the provider agency and/or the local Pre-Admission Screening/ Independent Service Coordination (PAS/ISC) agent on duty fail, the Executive Director of the PAS/ISC agency must directly contact the Deputy Director of Community Services to request SODC admission. The Deputy Director of Community Services (or designee) will direct the request for SODC admission to the Deputy Director of SODC Operation (or designee). The Deputy Director for SODC Operations (or designee) will determine the SODC for the emergency admission and will inform the identified SODC of the imminent admission.

At the first available opportunity after admission, but no later than 14 days after the admission, the PAS/ISC agency, along with the provider agency, if applicable, must be prepared to describe why the situation resulted in an emergency admission. The PAS/ISC agency will participate in the initial SODC discharge planning activity, which also occurs at the 14-day review.

All emergency admissions must be reviewed at the next scheduled CART meeting to ascertain if other options may have been available.

Thank you in advance for your cooperation with this change in policy. Please direct all questions to your Network Facilitator.

cc: Greg Fenton, Deputy Director for SODC Operations
Mary Spriggs-Ploessl, Deputy Director for Community Services

# Crisis Transition Plan and Funding Request Instructions

**DRAFT**

## Introduction:

The procedures outlined below provide instructions for the Crisis Transition Plan and Funding Request for adults and children document [formerly titled "Crisis Funding Information Request" – IL462-0140 (R-5-09)]. For individuals in "Crisis", a Pre-Award (PAL) or emergency funding packet may be requested. In these situations, the Crisis Transition Plan and Funding Request form will be completed and submitted. The crisis plan will end when the choice of services, individualized service plan (ISP) begins.

Please note that with Crisis situations time is of the essence. In an effort to ensure all approvable requests for services and/or placement for individuals who are in a situation of Crisis receive such services and/or placement expeditiously (generally within 72 hours, once the Division determines the individual to be in crisis), we ask that you submit the complete funding request packet or pre-award letter (PAL) request to Network Staff via e-mail scan or fax only.

## Process:

The information provided by the Division of Developmental Disabilities (DDD) within the Illinois Department of Human Services is intended for the use and convenience of interested persons. The information contained herein should not be considered a substitute for the appropriate official statutes, rules, regulations, or the advice of legal counsel.

While the following procedural information/guidance has been long standing and still current Department practice, it is effective immediately with this release.

The Pre-Admission Screening/Independent Service Coordination/Individual Service & Support Advocacy (PAS/ISC/ISSA) agencies shall complete the Crisis Transition Plan and Funding Request form for adults and children with a developmental disability who meet the crisis criteria as described in the "Children Crisis Criteria for Funding" and "Adult Crisis Criteria for Funding" documents – See Attachments **(add link)**. The questions listed on the Crisis Transition Plan and Funding Request form are designed to provide core information about the individual as it relates to the conditions of: Abuse, Neglect, and Homelessness.

## Crisis Transition Plan and Funding Request Completion:

In order for the DDD to consider authorizing funding for crisis requests your agency must submit the Crisis Transition Plan and Funding Request form in typed or printed text to network staff for review of crisis status and final determination. Please complete all appropriate section(s) as they pertain to the crisis situation. Please expound in great detail on all questions that apply, as well as any information you feel pertinent to the respective request. Also, it may be necessary for the network staff to request additional information to assist them in fully understanding the crisis, support needs and/or clinical eligibility of the individual being presented for funding. Please note, per Attachment-A of the Community Service Agreement, "The Division of Developmental Disabilities reserves the right to review and reverse any PAS determination."

Submission of the Crisis Transition Plan and Funding Request form is not necessary for individuals that are part of the SODC or DCFS Transition Initiatives. We ask, however, that your agency still include a cover memorandum on agency letterhead with **all** funding requests sent to the DDD. Please begin using this document immediately and, as applicable; attach additional typed/printed pages with the respective request. Please **do not** re-format the Crisis Transition Plan and Funding Request form as the form will automatically expand to accommodate additional information.

# Crisis Transition Plan and Funding Request Instructions

**DRAFT**

## INDIVIDUAL AND PAS/ISC INFORMATION

- **Individual's Name -** Enter the FIRST NAME, LAST NAME & MIDDLE INITIAL of the individual for whom the Crisis and Eligibility Information Request form is being submitted. *It is important that the name appear exactly as it will be entered in the Community Reimbursement Sub-System (CRS) and Medicaid system.* Differences in spelling or using a nickname cause errors and may result in program authorization, rate change, and other payment-related problems.

- **Individual's Date of Birth and Age -** Enter the month, day, and year of the individual's date of birth as well as the individual's age. Use the format of MM/DD/ YYYY for date of birth. Dates of birth are useful factors for determining age appropriate services and can be used to differentiate individuals with similar or identical names.

- **Individual's Height and Weight -** Enter the individual's current height and weight.

- **Social Security Number -** Enter the nine-digit Social Security Number (SSN) of the individual named above. *It is important that the SSN be reported exactly as it will be entered into the Community Reimbursement Sub-System and Medicaid system.* This is one of the most frequent error-causing data entry points that cause program authorization, rate change, and payment problems. Do not enter "999-99-9999" if the Social Security Number is not known.

- **Medicaid Recipient Identification Number (active RIN/E-RIN)** - Enter the nine-digit Recipient Identification Number (RIN/E-RIN) of the individual named above. *It is important that the RIN/E-RIN be reported exactly as it will be entered into the Community Reimbursement Sub-System and Medicaid system.* Do not enter "999-99-999" if the Recipient Identification Number is unknown.

- **Address –** Provide the address of the individual's current living arrangement.

- **Network –** Provide the DDD Network based on the individual's/legal guardian's home address.

- **Currently Resides With –** Explain with whom the individual is currently residing and for how long. Also provide the relationship to the individual.

- **Guardian's Name and Relationship -** Enter the FIRST NAME and LAST NAME of the individual's legal guardian(s). *It is important that the name(s) appear as entered on the Individual/Guardian Information Form. It is also important to know the relationship of the guardian to the individual.*

- **Sending PAS/ISC Agency** - The "Sending/Originating" PAS/ISC agency's name is required for processing.

- **PAS/ISC Worker –** The "Sending/Originating" PAS/ISC worker's name is required for processing.

- **Sending PAS/ISC Email Address, Phone# and Fax# -** The "Sending/Originating" PAS/ISC worker's e-mail address, phone and fax numbers (including extensions) are required for processing.

- **Receiving PAS/ISC Agency -** The "Receiving" PAS/ISC agency's name is required for processing.

- **Receiving Network –** Provide the DDD Network based on where the individual will be moving/ residing.

# Crisis Transition Plan and Funding Request Instructions

**DRAFT**

## TYPE OF ADULT/CHILD SERVICE

- **Crisis Service Requested** – Answer by placing an "X" in the box next to the adult or children DD service the individual is applying for due to crisis status

***Adult DD Services:***
*** 60D – CILA, 24-Hour**
*** 60D – CILA, Host Family**
*** 60D – CILA, Intermittent**
*** 60D – CILA, Family**
*** Adult Home-Based Supports**
*** ICF/DD**
*** Other**

***Children's DD Services:***
*** 17D – Children's Group Home**
*** Children's Home-Based Supports**
*** 19D - Child Care Institution (Residential School)**
*** SNF/PED**

**NOTE: If ICF/DD or SNF/PED is choice of service, submission of this Crisis Transition Plan and Funding Request form is not required. However, please verify by your signature that ICF/DD (adult) or SNF/PED (child) was given as a service choice option. The ICF/DD and SNF/PED options are only included to ensure an individual's right to choose ICF/DD or SNF/PED service.**

## DIAGNOSTIC/CLINICAL INFORMATION

- **Multi-Axial Assessments** – Provide the Axis I thru IV domains of information from the individual's valid clinical/medical evaluations and assessments.

- **Psychological Evaluation Info** – A Licensed Clinical Psychologist must complete and sign the psychological evaluation. The psychological evaluation must be current within five years for adults (at least 18 years old). For children, the psychological evaluation must be current within two years for children 13 up to 18 years old and within one year for children 3 through 12 years old. Provide the date, functioning level, full scale IQ, and age of onset noted in the psychological evaluation. (Per DDD PAS Manual; Chapter 500.20 G - In order for the individual's disability to be substantiated, the PAS agency must ensure that the age of onset of the individual's mental retardation or related condition is documented in the psychological assessment (for mental retardation) or the physician's assessment (for related conditions) – See DDD PAS Manual for details.

- **ICAP or SIB-R Report Info** – The Inventory for Client and Agency Planning (ICAP) or Scales of Independent Behavior-Revised (SIB-R) must be administered by a Qualified Intellectual Disabilities Professional (QIDP) and it must be current within one year. Provide the date, service score, and maladaptive score from the ICAP or SIB-R.

- **Psychiatric Evaluation Info** – The psychiatric evaluation is completed and signed by a licensed psychiatrist. The psychiatric evaluation may be completed by a licensed psychologist, a master's degree psychiatric nurse, or a licensed clinical social worker, if a licensed psychiatrist co-signs the assessment. Please Note: For children under the age of 16 whose primary disability appears to be a developmental disability, this assessment may be performed by a pediatrician with expertise in developmental or behavioral problems. The psychiatric evaluation must be current within one year for an individual with a dual diagnosis. Provide the date of the psychiatric evaluation.

- **Psychosocial Evaluation Info** – The psycho-social assessment must be signed by a MSW, a Qualified Mental Health Professional (QMHP), or an MA or MS in Psychology. The assessment may be completed by a Qualified Intellectual Disabilities Professional (QIDP), if co-signed by one of the aforesaid disciplines. The psycho-social assessment must be current within one year for an individual with a dual diagnosis. Provide the date of the psychosocial evaluation.

# Crisis Transition Plan and Funding Request Instructions

**DRAFT**

## TEMPORARY SAFETY PLAN

- **Temporary Safety Plan** – Please describe in great detail the short-term measures that are currently in place to ensure the immediate health, safety, and welfare needs of the individual (e.g., respite, temporary increased in-home supports, psychiatric/medical hospitalization, etc.) and the date(s) implemented. NOTE: Safety Plan must be in place until long-term arrangements are implemented.

## RESOURCES RECEIVED AND ATTEMPTED

- **Other Services Currently Received** – Please document in detail any/all waivered or community services that the individual is currently authorized for/receiving by responding to the applicable question.

- **Supports Attempted/Explored For The Individual** – Please document in detail all direct/indirect supports and/or resources that the individual has attempted/explored and reasons why it did not/will not work or meet the need by responding to the applicable question.

## CRISIS CIRCUMSTANCES AND TRANSITION PLAN

*NOTE: As a "Mandated Reporter", any/all suspected abuse, neglect and/or expoitation must be reported to the proper investigative authority (ie, OIG, IDPH, IDCFS, law enforcement, etc.).*

- **Behaviors** – Please describe in great detail all of the individual's behaviors (e.g., verbal and/or physical aggression, bodily harm to self and/or others, property damage, etc.) that put the individual and/or family member(s) at risk of serious harm.

- **Individual's Crisis Status** – Check any/all boxes that apply to the individual's conditions of "Abuse, Neglect, and/or Homelessness".

  Please document all direct/indirect crisis circumstances that are impacting the individual by providing a detailed summary pertaining to the conditions of "Abuse, Neglect and/or Homelessness". Please describe in great detail all that apply, as well as any information you feel pertinent to the request.

- **Presenting Medical Issues** – Please describe in great detail any health/medical condition(s) of the individual and/or primary caregiver(s) that impacts the individual's care. Include the date(s) of onset.

- **Other Contributing Factors** – Please describe in great detail all factors that impact the needs of the individual (dynamics of the household, legal matters, conditions of the home inside and/or outside, etc.) and any current or prior involvement by an investigative authority (ie, OIG, IDPH, IDCFS, law enforcement, etc.).

- **Choice/Selection of Service (Adults Only)** – If the requested DD service matches the adult individual's long-term service choice, complete the rest of Crisis Transition Plan and Funding Request form.

  If the requested DD service does NOT match the adult individual's long-term service choice, explain the situation in detail. Then upon completion of the Crisis Transition Plan and Funding Request form, ensure the Prioritization of Urgency of Need for Services (PUNS) record reflects up-to-date and accurate information.

- **Additional Supports** – Please describe in great detail any support(s) in addition to the Crisis Service being requested that may be explored or needed and requested as part of the individual's transition (e.g., technical assistance, Clinical and Administrative Review Team (CART), Support Services Team (SST), etc.).

Crisis Transition Plan and Funding Request Instructions

DRAFT

### PROPOSED PROVIDER INFORMATION

- **Required Information –** The proposed (residential or home-based support) crisis service provider's name as well as the agency contact person's name, e-mail address, phone and fax numbers (including extensions) are required for processing requests for residential services, as applicable for processing requests for A/CHBS. For residential services, enter the full address of the proposed residential site (include zip code). For home-based services, attach a copy of the A/CHBS service plan. In addition, enter the date that the requested service will be initiated.

### SIGNATURE AND DATE

- **PAS/ISC Signature and Date** - The "Originating/Sending" PAS/ISC worker's signature and date is required for processing. This entry reflects the date of submission (sent) to Network staff.

### DHS-DDD USE ONLY SECTION

- **Determination of Crisis and Eligibility Status –** The Network Staff will use this section to document the date that the complete funding request packet or Pre-Award Letter (PAL) request was received. As applicable, the Network Staff will also use this section to document date of return, if the submitted information is incomplete.

  Please Note: Network Staff will immediately inform the PAS/ISC agency of incomplete/missing information and the reason. Furthermore, Network Staff will return the request to the PAS/ISC agency as an Incomplete/Missing Information Request.

- The Network Staff will inform the PAS/ISC agency in writing of the DDD's decision regarding ineligibility and the reason.

- In addition, the Network Staff will use this section to document recommended Approval or Denial of an individual's request for services/placement and the reason.

## Summary:

Please Note: The information listed on the Crisis Transition Plan and Funding Request form will be used by Division Staff to review/verify an individual's crisis status and is just one part of an entire funding request packet. A complete funding request packet includes several other required pieces of information as referenced in the "60D CILA Support Application" and the "Application for Service Authorization" documents. If you have any questions on completing the Crisis Transition Plan and Funding Request form, please contact your Network Facilitator.

**State of Illinois**
**Department of Human Services**
**Division of Developmental Disabilities**

## CRISIS TRANSITION PLAN and FUNDING REQUEST (7/25/12 *DRAFT*)

(Please Submit Typed Form to Network Staff via E-Mail Scan or Fax)

Complete Funding Request Packet ☐ or Pre-Award Letter (PAL) Request ☐

Individual's Name: ______________________ Date of Birth: __________ Age: ______

Height: ______ Weight: _______ SSN: ______________ RIN/E-RIN: ______________

Address: __________________________________ Network: __________

Currently Resides With: ______________ How long: ______ Relationship to Person: __________

Guardian: __________________________ Relationship: ______________

Sending PAS/ISC Agency: ______________________ PAS/ISC Worker: ______________

Sending PAS/ISC Email address: ______________________ Phone: __________ Fax: __________

Receiving PAS/ISC Agency: ______________________ Receiving Network: ______________

***Crisis Service Requested:***

☐ CILA, 24 HOUR ☐ CILA HOST FAMILY ☐ CILA, INTERMITTENT ☐ CILA FAMILY ☐ ADULT HBS

☐ CHILD GROUP HOME ☐ CHILD HBS ☐ CHILD RESIDENTIAL SCHOOL ☐ OTHER __________

Please verify by your signature that ICF/DD (adult) or SNF/PED (child) was given as a service choice option: ______________________. *(If ICF/DD or SNF/PED is choice of service, submission of this form is not required)*

**Axis Diagnoses: (Psychological Evaluation must be completed by a licensed clinical psychologist per PAS Manual)**

Axis I: ______________ Axis II: ______________ Axis III: ______________

Axis IV: ______________ Other Conditions: _____

Psychological Date: __________ Functioning Level: ______________________

FSIQ _____ Age of Onset________ (as documented in Psychological Evaluation)

ICAP or SIB-R Date __________ Service Score ________ Maladaptive Score __________

Psychiatric Evaluation Date _________ (see PAS Manual) Psychosocial Assessment Date__________

1) **Temporary Safety Plan:** What short-term measure(s) are in place now to ensure health, safety, and welfare of this individual: _____ Also, date Temporary Safety Plan was Implemented: ______________
**(Temporary Safety Plan must be in place until long-term arrangements are implemented)**

2) Receiving other Waiver or community services? If yes, explain: _____

State of Illinois
Department of Human Services
Division of Developmental Disabilities

## CRISIS TRANSITION PLAN and FUNDING REQUEST (7/25/12 *DRAFT*)

(Please Submit Typed Form to Network Staff via E-Mail Scan or Fax)

***Individual's Name:*** ______________________________

3) Supports Attempted/Explored [i.e., Division of Rehabilitation Services (DRS), Division of Specialized Care for Children ( DSCC), respite and reason(s) why the support(s) did not/will not work or meet the need]: _____

4) Describe Behaviors: i.e. Frequency, Intensity, Duration and Severity of Behaviors: _____

5) Detailed summary of crisis needs and issues (must include – evidence of imminent risk) _____
Check all that apply: ☐ Abuse ☐ Neglect ☐ Homelessness

6) Presenting Medical Issue(s) of the individual and/or caregiver(s) and how it impacts the individual's care: _____

7) Detailed summary of other contributing factors (e.g., family dynamics, police/court involvement, OIG/DPH/DCFS/OSG involvement): _____

8) Is this request for service the long-term plan of choice? If yes, proceed to question # 9. If no, ensure the Prioritization of Urgency of Need for Services (PUNS) record reflects up-to-date and accurate information: _____

9) What supports in addition to the Crisis Service being requested should be explored? [e.g., TA, CART, SST, etc]: _____

- ***Proposed Provider of Crisis Services:*** ______________________________
- ***Provider Contact Person and Email:*** ____________________ / ____________________
- ***Provider Phone #:*** ____________________ ***Provider Fax Number #:*** ____________________
- ***Full Address of Proposed Residential Site:*** ______________________________
______________________________ ***(If A/CHBS, attach Service Plan)***
- ***Earliest Date that Proposed Provider Will Initiate The Requested Services:*** ____________________

***PAS/ISC Signature:*** ______________________________ ***Date Sent to Networks:*** ____________________

State of Illinois
Department of Human Services
Division of Developmental Disabilities

**CRISIS TRANSITION PLAN and FUNDING REQUEST (7/25/12 *DRAFT*)**

(Please Submit Typed Form to Network Staff via E-Mail Scan or Fax)

***Individual's Name:*** ____________________________________

## DHS-DDD USE ONLY
## DETERMINATION OF THE CRISIS AND ELIGIBILITY STATUS

Date complete funding request packet or Pre-Award Letter (PAL) request was received by Network: ______________________

Date returned to PAS/ISC due to incomplete request: ____________________________

- Reason (be specific): ____

☐ Ineligible for DD Waiver Services: Network will immediately inform the PAS/ISC agency in writing of the DDD's decision regarding ineligibility.

Recommend the Service Requested (reference 4/16/2008 memo and state reason for Approval of this request or Denial of this request):

☐ Approval OR ☐ Denial

- Reason (be specific): ____

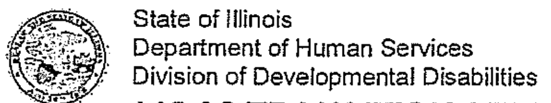
DDD Review Committee Approval or Denial Date: ______________________________

Track-it Database Record Number: ________________________________________

Date complete funding request forwarded to BCR: ______________________________

Network Staff Signature: ____________________________ Date: __________________

IL462-0140 (R-7-12)



State of Illinois
Department of Human Services
Division of Developmental Disabilities

# *LIGAS* TRANSITION SERVICE PLAN

See instructions for completion of the Transition Service Plan

Name of Individual: ______________________________

Address: ______________________________

City: ____________________ Zip: __________ County: __________

Type of Current Residence: ____________________
(Family Home, ICF/DD)

Current Daytime Activity: ____________________

Date of Birth: ____ / ____ / ____

Name of Guardian: ____________________ Type of Guardianship: __________

City / County of Guardian's Residence: ______________________________

Telephone Number: ( ____ ) __________ E-mail Address: ____________________

(SEE BELOW FOR CO-GUARDIANSHIP)

Name of Guardian: ____________________ Type of Guardianship: __________

City / County of Guardian's Residence: ______________________________

Telephone Number: ( ____ ) __________ E-mail Address: ____________________

IF NO GUARDIAN, FAMILY CONTACTS: (release(s) on file for family members, friends, etc.)

Name: ____________________ Relationship: __________

Telephone Number: ( ____ ) __________ E-mail Address: ____________________

Family Member City / County Residence: ______________________________

Current PAS/ISSA/ISC Agency: ______________________________

Transition Plan Completed by (PAS/ISSA/ISC Agency: ____________________ Date: __________

Address: ______________________________

Office Phone: ( ____ ) __________ Cell Phone: ( ____ ) __________ Fax Number: ( ____ ) __________

E-Mail Address: ______________________________

INDIVIDUAL'S NAME: ____________________

Note: Information must be typed, not hand-written. If more space is needed, additional pages may be attached.

| Where do you want to live?<br>(City, county, or geographic region; near friends, relatives, easy access to public transportation, near day time activity, recreational services) |
|---|
| Preferred living arrangement?<br>(With family, alone in own apartment, in an apartment with roommates, in 24-hour supervised group home, identify risk factors) |
| Is there anyone you would like to live with?<br>(Friendships, potential housemates) |

INDIVIDUAL'S NAME: ____________________

**Preference of Day Activity:**
(Desired day activities, vocational opportunities, identify risk factors)

**Community Opportunities:**
(Participation in Community Life: recreational, educational, social activities, shopping, movies, theatre, health services, fitness center, community access, identify risk factors)

**Personal Preferences:**
(Likes, Dislikes, Interests, Hobbies, Current and Future Vision/Hopes, Religion, Cultural Customs)

INDIVIDUAL'S NAME: ______________________

| **Family Involvement / Relationships:**<br>**(Supportive Members, Guardian's restrictions due to safety issues, Legal Restraining Order, Interpersonal relationships outside the family)** |
| --- |
| **Communication Skills:**<br>**(Method of Communication, Equipment, Style of Understanding, identify risk factors)** |
| **Mobility:**<br>**(Assistance needed in transferring, Adaptive equipment needs, Accessible living arrangement, identify risk factors)** |

INDIVIDUAL'S NAME: ______________________

**Personal Care:**
(Meal Preparation, Eating, Hygiene, Bathing, Dressing, Household Chores, Repositioning, Level of Support, identify risk factors)

**Meal Time Assistance:**
(Identify risk factors)

INDIVIDUAL'S NAME: ____________

**Special Dietary Needs:**
(Identify risk factors)

**Personal Decision Making:**
(Ability to make decisions, Level of support needed in making decisions, identify risk factors)

INDIVIDUAL'S NAME: ______________________

## Adaptive Equipment / Protective Equipment:

(Use of hearing aids, glasses, safety helmet, plat guard, Hoyer lift, etc. The use of adaptive/protective equipment should be supported in the Medical/Physical Well-Being domain. Risk factors associated with adaptive/protective equipment should be listed.)

## Behavior Support Needs:

(Supports needed for specific behaviors, identify risk factors)

INDIVIDUAL'S NAME: ______________________

## Medical / Physical Well-Being:

**(Healthcare supports needed, identify risk factors)**

## Medications:

**(Does the individual take his/her own medications without assistance? What assistance is the individual currently receiving? Identify risk factors)**

INDIVIDUAL'S NAME: ______________________

| Legal Issues:<br>(Court involvement, Trust Fund Issue) |
|---|
| "Other Risk" Not Identified Above:<br>(Community Access, Assessments) |
| Summary of Past Transition and/or Supports<br>(Current/Past Services Supports, Social Summary, Residential History) |

INDIVIDUAL'S NAME: ______________________

## Support Needs and Time Table for Transition

(Day Visit, Overnight, Dinner Visit, Adjustment Period Familiarization with staff, and a Schedule summarizing the Transition Process will be developed.)

## Transition to new PAS/ISSA/ISC Agency, if applicable.

(Document New PAS/ISSA/ISC Agency, Purpose of Transfer, Date of Informing New PAS/ISSA/ISC Agency, Planned Date of Transfer)

INDIVIDUAL'S NAME: ______________________

## People who contributed to the Transition Service Plan:

(The plan should document efforts to resolve any barriers limiting participation.)

| Printed Name | Signature | Title |
|---|---|---|
| | | Individual |
| | | Guardian (If Applicable) |
| | | PAS/ISSA (QIDP) |
| | | |
| | | |