FOR IMMEDIATE RELEASE

Egyptian Regional Human Rights Authority
Report of Findings
Case #13-110-9029
Choate Mental Health and Developmental Center
January 29, 2014

The Egyptian Regional Human Rights Authority (HRA), a division of the Illinois Guardianship and Advocacy Commission, accepted for investigation the following allegation concerning Choate Mental Health and Developmental Center:

> **An inadequate discharge planning process occurred when a recipient was discharged from Choate to a community integrated living arrangement (CILA) home resulting in undue stress and financial hardship on the individual and caused a disruption in medical treatment.**

If found substantiated, the allegation represents a violation of the Mental Health and Developmental Disabilities Code (405 ILCS 5/100 et seq.) and the Illinois Administrative Code (59 IL ADC 125).

To investigate the allegations, an HRA team met with representatives of Choate, the new CILA home staff and the recipient. The recipient's records were also reviewed with written consent as well as pertinent policies relating to discharge.

COMPLAINT STATEMENT

According to the complaint, a recipient was discharged with 3 days worth of medication and a 2 week prescription. The recipient was also discharged with a medication that was not covered by his medical card and as a result, he had to pay out of pocket for his medication when he had no income. The recipient was discharged with no identification card, no birth certificate and only $30.00 cash. The receiving home was not made aware that his supplemental security income (SSI) had been discontinued during his stay at Choate and no assistance and/or information was given to the receiving home to help get his SSI re-established.

FINDINGS

I. INTERVIEWS

Choate Staff: An HRA team met with the social worker responsible for discharge of this recipient and the Deputy Director of the DHS. The social worker informed the team that this

recipient was recommended for community placement in January, 2013. He has a guardian and the guardian was involved in this decision and worked to find a community placement for him. The discharge procedure is as follows: the social worker checks with recipient resources at Choate regarding finances and completes paperwork that is required to be completed one month prior to discharge. Recipient Resources orders a public aid card and checks with the Social Security office. On the day of discharge, the discharge paperwork is given to Social Security and staff from the residential placement will go with the recipient to the Social Security office. According to the social worker, all that is needed to get Social Security benefits restarted upon discharge is the discharge paperwork. Staff persons from the receiving facility are with the recipient and they have the face sheet to get benefits restarted. Typically, the first 90 days in a state operated facility, $30.00 goes into a trust fund for the individual and the balance goes to the facility for care. After 90 days of placement in a state operated facility, benefits are discontinued. This recipient previously had legal charges and when that is the case, social security benefits are cut off immediately. She also said that this recipient had an overpayment of Social Security at some point and has been paying that back a little at a time. According to the social worker, the Social Security office contacted her for additional paperwork. They did not have representative payee information and that is why benefits were denied initially.

This recipient was discharged with an order for Vimpat medication for seizure control but she said his seizures still were not controlled well even with this medication. She was not aware that Vimpat would not be covered in the community. This was the first time she had ever had problems with medication being covered in the community, so it did not occur to her to check on that. She said Choate pharmacy should know what medications are not covered and should have caught it so that it could have been changed prior to discharge. When the CILA home staff contacted her to advise that this medication was not covered, she contacted Recipient Resources at Choate. They gave her prescription cards that were supposed to cover the difference. According to the social worker, 3 days of medication and a two week prescription is standard for discharge. The Deputy Director said that it may be possible for the CILA home to get the outstanding bill for the Vimpat medication covered by the state and gave the team a contact name which was passed on to the guardian and CILA home staff.

The social worker gave the HRA samples of these two prescription cards. They were on a pad of tear off sheets similar to supermarket coupons that are placed on shelves and can be torn off. One was called "Free County Drug Card" and says it does not expire, it is a repeating coupon. It says on the coupon to "take this coupon to any pharmacy" and states "save up to 75%." On the back are instructions on how to validate this card, which requires the pharmacist to call the pharmacy help line which is listed on the card and enter code numbers. It states on the card that "this is not insurance and not intended to replace insurance. Savings will vary. This card has no cash value or implied value. Pharmacy is required to pay participation fee."

The other card is called "Free Prescription Drug Card by Illinois Drug Card" and says it is a ready coupon. It instructs the pharmacist to use information to the left to adjudicate this prescription. The information lists the ID number as the customer's 10 digit phone number and lists PCN, rxBIN and rxGRP numbers. It also states "This is not insurance. Everyone can obtain and use this card as there are no age or income restrictions. Only one card needed per family but you must use separate ID phone numbers".

The HRA also checked with other Social Workers at Choate on discharge policies and was told that obtaining an identification card is not part of the normal discharge process. If it is available, they pass it along to the new provider but they do not obtain them prior to discharge. However, on occasion an individual may obtain an identification card while at Choate for SSA benefits application, etc…

The HRA contacted the Department of Motor Vehicles (DMV) to see what the required documents are to obtain a new identification card for a person with a developmental disability. The DMV worker stated that the individual must bring his or her social security card, the face sheet from their current facility which has their address and date of birth listed and the person bringing the individual must have their driver's license.

The HRA spoke with the local Social Security office and asked what documentation is required to re-instate someone's benefits once they are discharged from a state operated developmental center (SODC). It was reported that the individual would need to bring the discharge paperwork from the SODC as identification and said that any legal paperwork could also be used as identification. The employee said that this cannot be accomplished prior to discharge.

Choate Pharmacy: The HRA contacted the pharmacy and asked if they know what medications are covered in the community and which ones require pre-authorization and also whether or not they check that when they know someone is being discharged. The pharmacist said that if the individual is on Medicaid, there is a list of covered drugs on the healthcare and family services (HFS) website that the doctor could check when he knows someone is being discharged. Typically, the pharmacy does not check that as they aren't involved in the discharge process. The pharmacy doesn't know when an individual is being discharged until the orders for medications to be filled comes from the doctor. **He said the standard supply of medication, per state regulations, is a 3 day supply. However, if there are special circumstances such as the individual not having funding or income upon discharge, they can give up to 2 weeks worth of medication and a prescription.** The amount of medication to be given upon discharge is determined by the treatment team. They just fill the order as is when it comes to the pharmacy. The HRA found the Medicaid preferred drug list on the HFS website and Vimpat is listed as a non-preferred medication in the anticonvulsant category.

CILA Home Staff: The team interviewed the CILA house manager who was involved in this recipient's discharge from Choate. She said during the discharge meeting she asked where he was born and tried to get other information she knew she would need. Choate gave her an itemized list of medications, a list of the amount he had in savings and the cigarettes he had left. Upon discharge, this recipient was given his medical card, 3 days worth of medication and a 2 week prescription to get him through until an appointment could be made with his new community doctor and the money in his account, which was less than $40.00. When they went to the pharmacy to fill his Vimpat, she was told it would cost $3,000 for the month because it is not covered by a medical card. She did not think anything about him being on Vimpat during the discharge meeting because she has another individual on this medication and it is covered by his medical card; however, said she has since learned that the other individual's Vimpat is covered because he was "grandfathered in." When she contacted Choate regarding this, the qualified

intellectual disabilities professional (QIDP) sent her a "free prescription drug card ready coupon" and a "free county drug card". These were supposed to cover the difference, however one gave $10.00 off and the other did nothing. She had the prescription filled for 2 weeks and it cost the recipient $300.00 which he is still making payments on. Since this recipient's discharge was in the month of December, weather prevented him from getting to the doctor's office on the scheduled date to get a new prescription and then the physician was out for the Christmas holiday. Since seizure medication was a necessity due to the severity of his seizures, she had to get a new prescription from the doctor before the recipient could be seen by him. She faxed the physician the recipient's medical information to review and he prescribed Keppra for his seizures and they had to switch the recipient from Vimpat to Keppra. The doctor then saw him right after the 1st of January when he returned to the office. The house manager told the team that the Keppra caused increased maladaptive behaviors for this recipient. He had visited their home for over a month prior to moving and they had no issues at all. After the Keppra was started, he had some behavioral problems. She felt like the Individual Service Plan (ISP) from Choate did not represent his behavioral issues properly. They had no "coaching" from Choate on his behaviors and could not tell them why the medication was not covered; she said they did not check on that before he was discharged.

She also had difficulty opening a bank account and getting social security benefits restarted for the recipient since she was not given a birth certificate, social security card or a current identification card upon discharge. She was told that Choate did not have any of this information. She said the CILA home had to assist the recipient with reapplying for Social Security benefits which took at least 90 days. He moved in December and did not have benefits until March or April of the following year. The identification card this individual had was so old that it was no longer in the department of motor vehicles (DMV's) computer system. She was finally able to get an identification card after going to 3 DMV's and a local school district for his school transcripts. He needed an identification card and a social security card in order to open a bank account for him and he couldn't get a social security card without proper identification. The CILA home also had to supply this recipient's cigarettes while he had no income in order to prevent maladaptive behaviors.

This was the first resident she has accepted from Choate. She had not accepted individuals from any other state operated facilities previously, only from CILA homes. Therefore, she was unfamiliar with how Social Security benefits and medications were handled while individuals are in the state operated facilities and was unaware that their benefits were completely discontinued while there. She said that Choate did not mention that benefits had been discontinued or that his medications might not be covered during discharge planning. When she discovered he had not Social Security benefits, she questioned Choate staff about it and a staff person at Choate told her that she should have known that he did not have Social Security benefits because of the length of time he had been in Choate. She was also told that Choate did not renew his identification card because he didn't need it while he was there.

The house manager told the HRA that all of the CILA Homes she has accepted individuals from have always let her call for a month to a month and a half for help with transitional issues. She said Choate's social worker was not helpful and there was only one staff person she dealt with at Choate that would try to give her some help and guidance with transitional issues. She felt like

Choate did not supply adequate information for Social Security benefits to be restarted and it took at least 5 phone calls to Choate to get the social worker to return calls or provide any information to assist them. The house manager informed the HRA that after this experience, she is very reluctant to take any other recipients from Choate or any other state operated facility.

II. RECORD REVIEW

Choate:

Behavioral Data: The HRA reviewed behavioral data from 2011 showing non-compliance, verbal aggression and physical aggression as areas monitored. The data showed a frequency of 1 or 2 for verbal aggression in June and July. The other months were at 0. In 2012 the same three areas were monitored showing frequency of 3 for verbal aggression in January and March; frequency of 2 for noncompliance in February and April; verbal aggression and noncompliance were pretty steady at a frequency of 1 per month, January through May, and physical aggression was at 0 with the exception of August which showed a frequency of 1.

Medical: The recipient was admitted to Choate in June, 2011. In October, 2011 he was referred to a neurologist for his seizure disorder. The neurologist prescribed Vimpat 50 mg BID for 1 week then increase to 100 BID in addition to his other 3 seizure medications he was already on. In January, 2012 he returned for a follow up. This report stated the same thing: Vimpat 50 mg BID for 1 week then increase to 100 mg BID and continue other medications but states "new Rx started (Vimpat)." In April, 2012 he returned for a follow up to see how he responded to the Vimpat. The consultation stated he had 6 seizures between February and April. It was noted that the recipient was already on 4 anti-epileptic medications and seizures were still uncontrolled. Vimpat was increased to 200 mg BID and a protective helmet was also ordered at this visit. The neurologist noted that in 3 months if the seizures have not been controlled, a vagus nerve stimulator (VNS) implant will be recommended. The HRA did not have records for the next follow up visit, however the medication administration record (MAR) dated November, 2012 did not list any anti-epileptic medications except for Vimpat 200 mg at 8:00 am, and 9:00 pm and 100 mg at 9:00 pm.

The HRA reviewed correspondence to the Court dated 7/12/11 and 9/1/11 stating the opinion that the recipient remains unfit to stand trial and is not likely to achieve legal fitness within the statutory time period confirming that at one point criminal charges were pressed against the recipient which also would have discontinued his social security benefits.

2012 Annual Individual Service Plan (ISP): The ISP dated 7/10/12 lists Zonegram 600 mg at hour of sleep, Lamictal 300 mg BID, Phenobarbital 90 mg BID and Vimpat 200 mg in the AM and 300 mg at hour of sleep as current anti-epileptic medications. It states that the recipient has a history of verbal aggression, physical aggression and non-compliance but stated that "all of his maladaptive behaviors are maintained by a desire to escape demands, with physical aggression also having a physical component (post-seizure)." The transition planning section stated that his legal issues have been resolved and the Court ordered in November, 2011 that he could be transferred to a civil unit at Choate. The community integration section focused on skills training that would "support the development, building and maintenance skills necessary for successful

community living." The objective is listed as "[recipient] will identify two forms of personal identification; ability to maintain surroundings in the community and exhibit his understanding of this information at 100% completion."

A "transition plan addendum to the ISP" dated 12/17/12 was also reviewed and outlines his transition from Choate to the CILA home. It notes that he had a supper time visit in October, 2012; a 2-day visit later that month and indicates both visits went well. He went for a final 5 day visit in December, 2012 and his "award letter was received with discharge being Dec 17, 2012." Under additional funding requested/approved it states "[Recipient] will receive benefits upon discharge." The pharmacy section lists the medication and amount to be provided upon discharge as follows "Zyprexa 10 mg hour of sleep (HS); Celexa 40 mg daily; Zonegram 600 mg HS; Lamictal 300 mg DID Do not D/C [discontinue]; Phenobarbital 90 mg BID; Colace 100 mg BID; Zantac 150 mg BID; Tylenol 640 mg q 4-6 hrs; Lacosamide [Vimpat] 200 mg in AM and 300 mg at HS. A three day supply and a prescription for two weeks will be provided by Choate." The copy provided to the HRA for review had no signatures on it.

Discharge Summary: The discharge summary transcribed on 12/10/12 lists Axis I as Amphetamine Intoxication/Abuse; Diazepam Abuse; Axis II (Primary) as Mental Retardation, Mild; and, Axis III Neuroleptic Malignancy Syndrome, Seizure Disorder and Allergic Rhinitis. The reason for discharge section stated that he had numerous visits to the CILA home and the visits have gone very well. The recipient had requested to be discharged as had his guardian and the CILA staff accepted the recipient for placement. The condition on discharge section stated that he was very happy to be going to the placement he chose. He denied thoughts of wanting to harm himself or others. He did not display signs of psychosis or responding to internal stimuli. It also stated that when he has a seizure it may take up to a week or two before his gait is appropriate and his response time in answering questions is more normal for him. It also noted that "His behaviors have been much improved. He is not as bossy with his peers as he was at the time of admission to the forensic unit. He has displayed appropriate behaviors the majority of the time." The instructions given individual/family on discharge section lists his diet as heart healthy. Physical activity was listed as "tolerated" and notes that if he has had a recent seizure his gait is unsteady and that he wears a protective helmet during waking hours due to the possibility of hitting his head very hard during a seizure. It notes that he had an appointment regarding the Vagus Nerve Stimulator on 10/12/12. The medication section repeats the same medications listed in his transition plan addendum and notes "**His medications seem to be pretty effective for his medical problems and should remain the same**. The community doctor and his guardian can discuss the Vagus nerve Stimulator and whether they will fall through on that or not." [sic] The aftercare plans and recommendations section lists the following: "1.That [recipient] be discharged to [CILA home] 2. That he attend a vocational workshop five days per week 3. **That he go by the local Social Security Office to have his Social Security reinstated, taking along his discharge paperwork from Choate** 4. [Recipient] may need a behavioral plan as he has some behaviors in the past, such as being bossy and verbally abusive to peers. 5. [Recipient] needs to be closely monitored after having a seizure as he has problems with speech, mobility and gait and can fall 6. [Recipient] will continue to wear his helmet as he had a seizure where he fell, hit the floor with his head and required numerous sutures 7. It's up to [recipient] and the doctors if he has to have the Vagus Nerve Stimulator implanted or not." This discharge summary was signed by the medical doctor at Choate and

dated 12/14/12. There was also a 2 page form IL 462-0020 that listed the case coordination agency that would be following the recipient in the community, lists his social security number and date of birth that was signed by the Choate Facility Director, Medical Doctor, Social Worker and the guardian and dated 12/17/12.

The HRA requested a flow sheet or check list for the discharge steps completed by the social worker and was told that Choate has no such form that they complete.

CILA Home:

The monthly summary dated December, 2012 noted that the physician had changed the recipient's medication due to the insurance not paying for the Vimpat. It noted that the recipient had adjusted well since his move and they were working on getting an identification card and a Social Security card along with opening up a bank account and establishing his Social Security benefits.

The monthly summary/goal progress dated September, 2013 was also reviewed. The medical section discussed a concern about how the recipient said the Vimpat makes him feel. The guardian also expressed that she wanted him to be taken off of Keppra. The neurologist recommended tapering Keppra and taking only 100 mg of Vimpat until he has finished tapering the Keppra dosage. It was also noted that the recipient is verbally aggressive toward staff and peers but seemed to be improving slightly. The home has a verbal aggression behavior plan and a baseline for physical threatening. It was also noted he still exhibits some non compliance with showering and going to bed.

Physician's Orders: The medication order dated 11/1/13 listed the recipient's diagnoses as seizure disorder uncontrolled, allergic rhinitis, mild mental retardation, history of amphetamine intoxication/amphetamine abuse and history of diazepam abuse and Neuroleptic Malignancy Syndrome. This order lists the anti-epileptic medications as Vimpat 350 mg BID (at 8:00 am and 4:00 pm) for a total of 700 mg per day; Zonisamide six 100 mg capsules at hour of sleep; Phenobarbitol three 32.4 mg tablets BID (at 8:00 am and 8:00 pm); Lamotrigine two 150mg tablets BID (8:00 am and 8:00 pm) and he was also on Levetiracetam but it was noted on this order that it had been discontinued.

Behavior Data: The HRA reviewed a post-seizure report dated 10/5/13 that noted the recipient grabbed a staff person's leg and tried punching, but staff got away. Then the recipient attempted to punch the wall and then slapped himself.

The behavior data chart for August, 2013 was also reviewed. On 8/8/13 the recipient was upset because he couldn't get coffee at 3:00 am. He went outside and was throwing outside furniture. He also slammed and kicked the door. When staff asked him to stop he was verbally aggressive towards staff. Staff then left him alone and he calmed down. On 8/17/13 the recipient told another staff he was going to pop her belly and then verbalized racial slurs. He tried to apologize after and then he calmed down.

The HRA reviewed an "encounter" summary from the neurologist dated 9/12/12. It stated that **the recipient was there for an early follow up due to receiving a message that the recipient was having behavioral issues due to the Keppra and experiencing excessive sleepiness from the Vimpat.** At that time, he was on 5 anti-epileptic medications. It noted that the guardian and caregiver wanted him to be off the Keppra due to the behavioral side effects and the doctor decided at that time to taper off his Keppra and possibly decrease his other medications in the future if he remains drowsy. It was also noted that his Vagus Nerve Stimulator was reprogrammed.

The HRA also reviewed the recipient's identification card in his chart which was issued on 1/3/13.

The Social Security Administration sent a letter to the recipient that stated **he applied for a Social Security card on 1/3/13** and indicated he should receive it in about 2 weeks from that date.

The HRA also reviewed the new neurologist's order for Vimpat that was dated May 15, 2013 but there was a post it note on the order stating it was not covered by insurance and that a letter was submitted 5/16/13 for approval. The CILA home had completed a drug prior authorization request form that was submitted to Healthcare and Family Services (HFS) to get the Vimpat approved for insurance pay. A letter from the neurologist dated 5/16/13 stated that the recipient "**has not benefited from any other seizure medication except Vimpat. It is medically necessary that his Vimpat be covered due to his mood disorder and seizures**." A letter from HFS dated 7/3/13 stated that the medication had been approved for one year. The consent for use of psychotropic medication for the Vimpat was signed by the recipient's guardian on 8/6/13.

There were bills in the file dated 1/2/13 showing an amount due to the local drug store for Vimpat of $314.80 and another dated 8/31/13 showed the outstanding balance as $222.01.

III. POLICY REVIEW

Choate policies pertinent to the allegations were also reviewed. The "Admission, Extension of Stay, Discharge Criteria - Mental Health Services" establishes criteria to be used to evaluate the clinical need and appropriateness of admission, continued inpatient care and discharge. In determining discharge the policy requires that all of the following criteria be met: the patient's inpatient treatment goals have been substantially met "unless transfer to another hospital setting is the chosen course of action; follow-up and aftercare plans have been formulated; and, releasing or transferring the patient to a program offering a less intensive and less restrictive level of care does not pose a threat of imminent danger to self or others."

Post Discharge Contact With Former Persons Receiving Services Standard Operating Policy/Procedure #459 states "It is the policy of the Clyde L. Choate Developmental Center that treatment and habilitation staff are encouraged to assure that each person has appropriate treatment and/or habilitation services available in the community upon discharge from this Center." The policy continues to state that upon discharge, the responsibility for service or failure to provide adequate services is transferred to the receiving facility. If the recipient

contacts Choate seeking therapeutic guidance or support, staff are to direct requests to the appropriate community provider. It does state, however, that "**an exception to the above is the provision of technical assistance when such has been formally requested by an individual service coordinator, using the approved forms, to the center's community services liaison**."

Mandated Follow-Up For Individuals Discharged From Choate Standard Operating Policy/Procedure #475 states "It is the policy of the Office Developmental Disabilities and the Clyde L. Choate Developmental Center that individuals discharged from the Center shall receive follow-up site visits at least once during the first months of discharge. This visit should be coordinated with the Individual Service Coordination agent (ISC). The ISC shall conduct visits with the provider and individual at least monthly for the next 11 months: visits and consultations shall be documented on the site visit documentation form." Responsibilities of State Operated Developmental Center (SODC) Prior to Discharge are listed as "1. Schedule a transition/discharge staffing prior to the projected discharge date to include the individual, unit administrator, members of the treatment team, guardian, residential provider, case coordination agency, and any other relevant individuals. 2. Develop at the transition/discharge staffing a plan which describes the skill training and service objective supports needed for the individual to transition to his/her new environment and the parties responsible to provide those supports. 3. Complete the DMHDD-20 Discharge Summary prior to date of discharge and provide copies to the individual unless under guardianship, guardian, case coordination agency, residential provider and other relevant parties." Responsibilities of SODC after Discharge are listed as "1. Face to face contact with the individual and primary service providers for individuals discharged to the Southern Network…Contacts should focus on the individual's adjustment to the new environment including physical, social, behavioral condition, and the extent to which the transition plan is being implemented. Contacts to be documented on mandated Follow-up notes in the record….2. Telephone contact with the parent/guardian/interested person(s) after contact with the individual to convey information about the individual's adjustment and to determine the degree of satisfaction of the person contacted with the new residence. Results of this contact are to be communicated by telephone to the ISC agent responsible for mandated follow-up and documented in the record. 3. File the DMHDD-1213.3 Medicaid Waiver Recipient Monitoring Report received from the case coordination agency in the individual's record in miscellaneous."

MANDATES

The Mental Health and Developmental Disabilities Code (405 ILCS 5/2-102) guarantees the right to "adequate and humane care and services in the least restrictive environment, *pursuant to an individual services plan*."

The Administrative Code (59 IL ADC 125.40) states "a) Each region shall develop a regional DLA (discharge/linkage/aftercare) plan which articulates how the region will implement the policies and procedures contained in this Part. b) The plan must be developed to assure the quality, effectiveness and continued appropriateness of aftercare services for each recipient discharged from state-operated facilities and to provide an audit trail which includes documentation and records to identify and track recipients, to evaluate quality and quantity of services delivered, to monitor fiscally and for compliance with related statutes and regulations as well as compliance with responsibilities and functions outlined in this Part."

59 IL ADC 125.50 states in Subpart B "Discharge Planning. The following general areas must be addressed for all recipients regardless of the aftercare setting to which the recipients may be discharged: 1) The need of the recipient for various services as detailed in the individualized services plan…4) The effectiveness of any previous individualized service plans or other services the recipient may have received in the community prior to the last admission to the State-operated facility…6) **Medication needs of the recipient**…8) **The availability of financial resources for recipients discharged from State-operated facilities…Assisting the recipient who does not return to independent or semi-independent living in accessing necessary financial support**, e.g., Supplemental Security Income (SSI), Department of Public Aid, and/or other applicable funding; **Assist the recipient in accessing necessary financial resources**. Special emphasis must be given to this activity when the recipient is not returning to independent or semi-independent living. In these cases, applicable funding approval such as the SSI approval letter or Department of Public Aid point count shall be forwarded to the receiving facility…**Assure the provision of an adequate supply of medication sufficient to last until the first scheduled aftercare visit as contained in the recipient's DLA plan."**

59 IL ADC 125.80 states "a) **During DLA planning, financial support for the recipient's continued treatment/habilitation services and other needs must be considered**. **Designated staff will assist the recipient, family or guardian in understanding their respective liabilities for treatment/habilitation and in accessing available financial resources.** b) Sources to contact for information are the recipient, family or guardian at admission, during treatment/habilitation or prior to discharge. Sources which may be considered include insurance carriers, funding agencies, e.g., Social Security offices, federal fiscal intermediaries (Blue Cross/Blue Shield or E.D.S. Federal Corporation), and the Department of Public Aid (the single State agency for Medicaid and administering agency for public assistance and the State supplement), and township assistance agencies."

59 IL ADC 125.130 states "Case coordination attends to the practical level of synchronizing the efforts of multiple service providers and other supportive resources which enable the recipient to live successfully in a community setting. **However, the case coordination function does not displace the responsibility of other service providers to work directly with the recipient or with the family, community supportive resources or other service organizations as provided for in the individualized services plan**…..Case coordinators rely, in large part, on: 1) working knowledge of the nature and consequences of the recipient's disability; 2) Functional knowledge of the service delivery system, recipient eligibility requirements and procedures; 3) A working understanding of potential recipient resources, particularly those available through federal, State and local governmental agencies; and 4) The ability to work cooperatively with the many individuals and organizations which can provide services and assistance to the recipient."

CONCLUSION

Although the HRA found a transition plan addendum for discharge, it did not go into great detail about the recipient's finances upon discharge and simply said "the recipient will receive benefits upon discharge." The aftercare plans and recommendations section of the discharge summary suggested that the recipient "go by the local Social Security Office to have

his Social Security reinstated, taking along his discharge paperwork from Choate" but did not provide for any assistance from Choate if needed as required by the Administrative Code. According to the house manager at the CILA home, Choate staff was "not helpful" when she contacted them about transitional issues and told her that she should have known that social security benefits were discontinued by the length of time he was at the facility. No identification such as an up to date identification card, social security card or birth certificate was provided to the receiving home to allow for the facility to get benefits reinstated or open a bank account for the recipient. The HRA reviewed the recipient's identification card which showed that it was issued on **1/3/13**. The HRA also reviewed a letter to the recipient from the Social Security office that stated he **applied for a Social Security card on 1/3/13** and indicated he should receive it in about 2 weeks from that date. Because none of these things were in place upon discharge, the recipient went 4 months without income until his benefits could be reinstated.

The Administrative Code also requires that the discharging facility "Assure the provision of an adequate supply of medication sufficient to last until the first scheduled aftercare visit" as part of the discharge planning process. The Choate Pharmacist indicated that more than 3 days worth of medication can be prescribed upon discharge if there are circumstances to warrant this even though the standard is a 3 day supply of medication. In this case, the recipient was discharged without Social Security benefits in place and had no income upon discharge. He was also discharged during the holiday season which caused a further delay in scheduling an aftercare visit. It was also documented that the recipient had an increase in maladaptive behaviors when his Vimpat had to be changed to Keppra due to the Vimpat not being covered until prior authorization could be obtained.

For these reasons, the HRA **substantiates** the allegation that an inadequate discharge planning process occurred when a recipient was discharged from Choate and **recommends** the following:

1. Proper discharge planning is Choate's responsibility. When Choate staff conduct transition planning and discharge meetings, the issues of finances, having an adequate supply of medication and having proper identification upon discharge should be discussed and addressed prior to discharge from the facility. Choate staff should ensure that the receiving facility understands what their responsibilities are upon discharge and what procedures should be followed if assistance from Choate is required as well as a contact name to facilitate the request through. If there are special forms that receiving facilities should be using to request assistance from Choate (as stated in policy #459), they should be given at the discharge meeting.

2. If a recipient being discharged does not have proper identification or a social security card, Choate should obtain both for the individual, prior to discharge, so that the receiving facility will have the required documentation to open a bank account and conduct other business for the individual that is necessary when living in a community setting. Revise discharge/transfer policy accordingly.

3. The Choate physician and the social worker involved in the discharge planning for a recipient should check to make sure that all medications given upon discharge are covered in the community so that any issues can be addressed prior to discharge. Revise discharge/transfer policy accordingly.

4. Choate should ensure that a recipient being discharged has an adequate supply of medication to last until an aftercare appointment can be made, taking all circumstances into consideration and giving more than the standard 3 day supply when warranted.

5. Choate should retrain staff members who are directly involved in discharge planning on the requirements according to Choate policies and the Administrative Code relating to discharge planning and communication with receiving facilities. Choate administration should notify the HRA once this training has been completed.

6. Ensure that communication between Choate staff, case coordination agencies and receiving homes/facilities continues after discharge and offer assistance when necessary as required by the Administrative Code.

7. Choate should reimburse the recipient for personal funds expended on medication due to the lack of discharge planning and notify the HRA once this has been completed.

The HRA also suggests the following

1. Develop a check list of specific things to be completed by a social worker (or other discharge treatment team members) when discharging a recipient.

RESPONSE

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

Pat Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler, *Secretary*

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March 11, 2014

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ATTENTION: , Human Rights Coordinator

RE: Response HRA Case #13-110-9029

The Authority's report sets out the facts in the above case involving an individual who was discharged from Choate with 3 days of medication and a 2-week prescription. The individual was discharged with a medication that was not covered by his medical card and as a result, he had to pay out-of-pocket for his medication when he had no income. The receiving home was not made aware that his supplemental security income (SSI) had been discontinued during his stay at Choate and no assistance and/or information was given to the receiving home to help get his SSI re-established.

In response to HRA recommendations, please see the below Plan of Action.

	Issues	Action	Completion Date
1.	Inadequate discharge process.	Administrative staff will review and revise discharge policy as needed.	05/01/14
		Staff to be retrained on Choate policies and MH/DD codes regarding discharge planning process.	05/01/14
2.	Inadequate post discharge plan.	QIDP/SW will ensure individual has proper identification and/or other documents as deemed necessary to manage financial affairs.	05/01/14 & Ongoing
		MD/QIDP/SW will ensure medications are covered prior to discharge.	05/01/14 & Ongoing
		MD/QIDP/SW will ensure individual has 3-day supply of medication and a prescription for 2-week supply of medication upon discharge.	05/01/14
		Transition coordinator will audit discharge process to ensure client needs are met.	Ongoing

We hope this communication effectively responds to HRA Case #13-110-9029 and that you will call if you have any questions or require any additional information.

Sincerely,

, Center Director
Choate Developmental Center

Cc: Deputy Director of SODC Operations
, Director of Division of Developmental Disabilities

1000 North Main Street - Anna, Illinois 62906 618/833-5161 Voice 618/833-4052 TT
Fax 618/833-8613 Developmental Services
Fax 618/833-4191 Administration
Fax 618/833-1415 Human Resources/Payroll
Fax 618/833-7641 Business Office
Fax 618/833-2428 Chief Engineer

Pat Quinn, *Governor*

Illinois Department of Human Services

Michelle R.B. Saddler, *Secretary*

CLYDE L. CHOATE DEVELOPMENTAL CENTER
1000 NORTH MAIN ! ANNA, IL 62906

July 10, 2014

Regional Human Rights Authority
#7 Cottage Drive
Anna, Il. 62906

ATTENTION: , Human Rights Coordinator

RE: Response HRA Case #13-110-9029

In response to HRA request below, a check for reimbursement of individual's out of pocket expense for uncovered medication and a copy of Choate's revised discharge policy are enclosed.

"On 13-110-9029: *Out of pocket expense for uncovered medication to be reimbursed by Choate to the recipient.
*Copy of the revised discharge policy "

We hope this effectively responds to HRA Case #13-110-9029 and allows closure of this case. Please call if you have any questions or require any additional information.

Sincerely,

Assistant Facility Director of Residential Services
Choate Center

Cc: , Deputy Director of SODC Operations
, Director of Division of Developmental Disabilities

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