



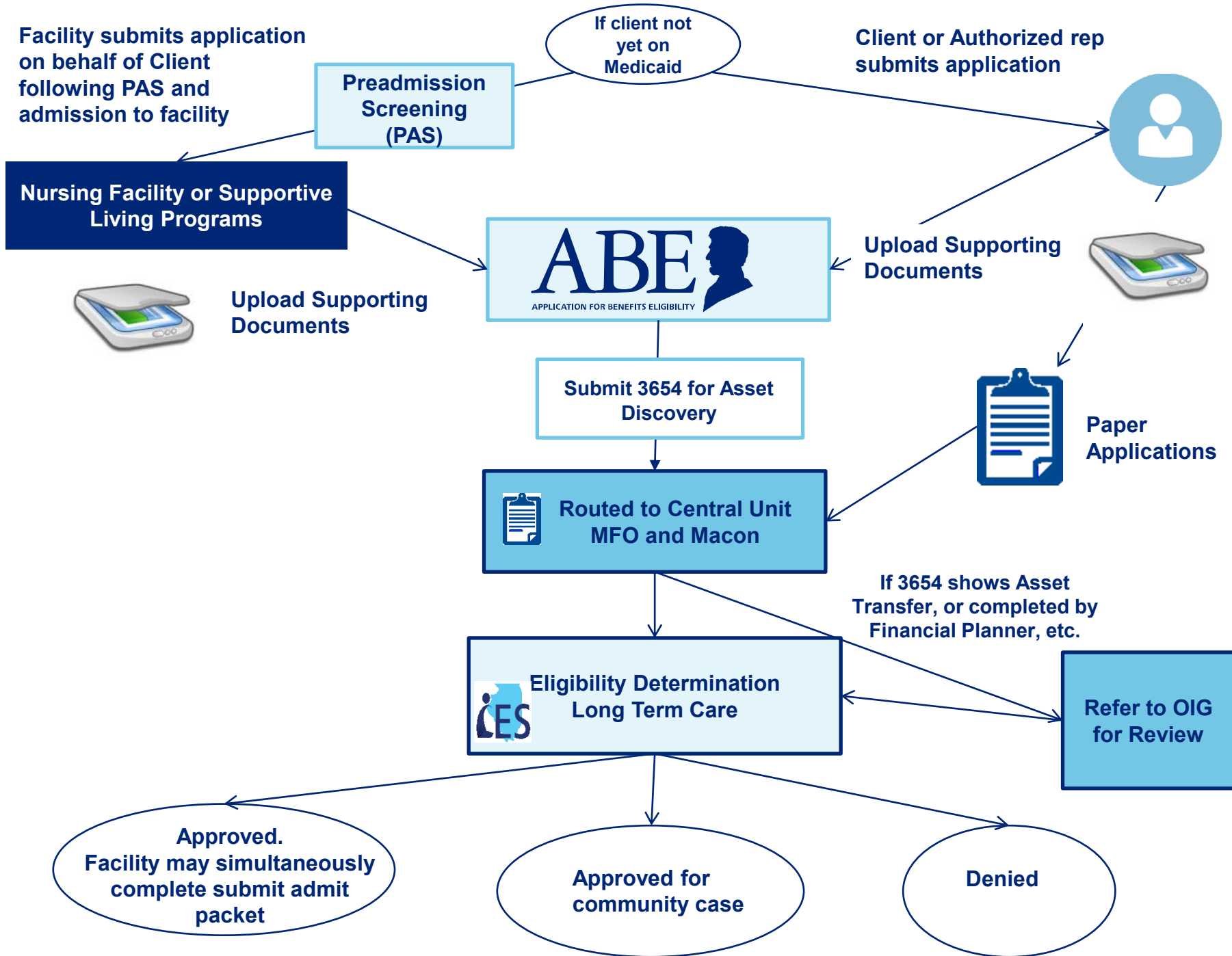
**State of Illinois**

**Integrated Eligibility System**

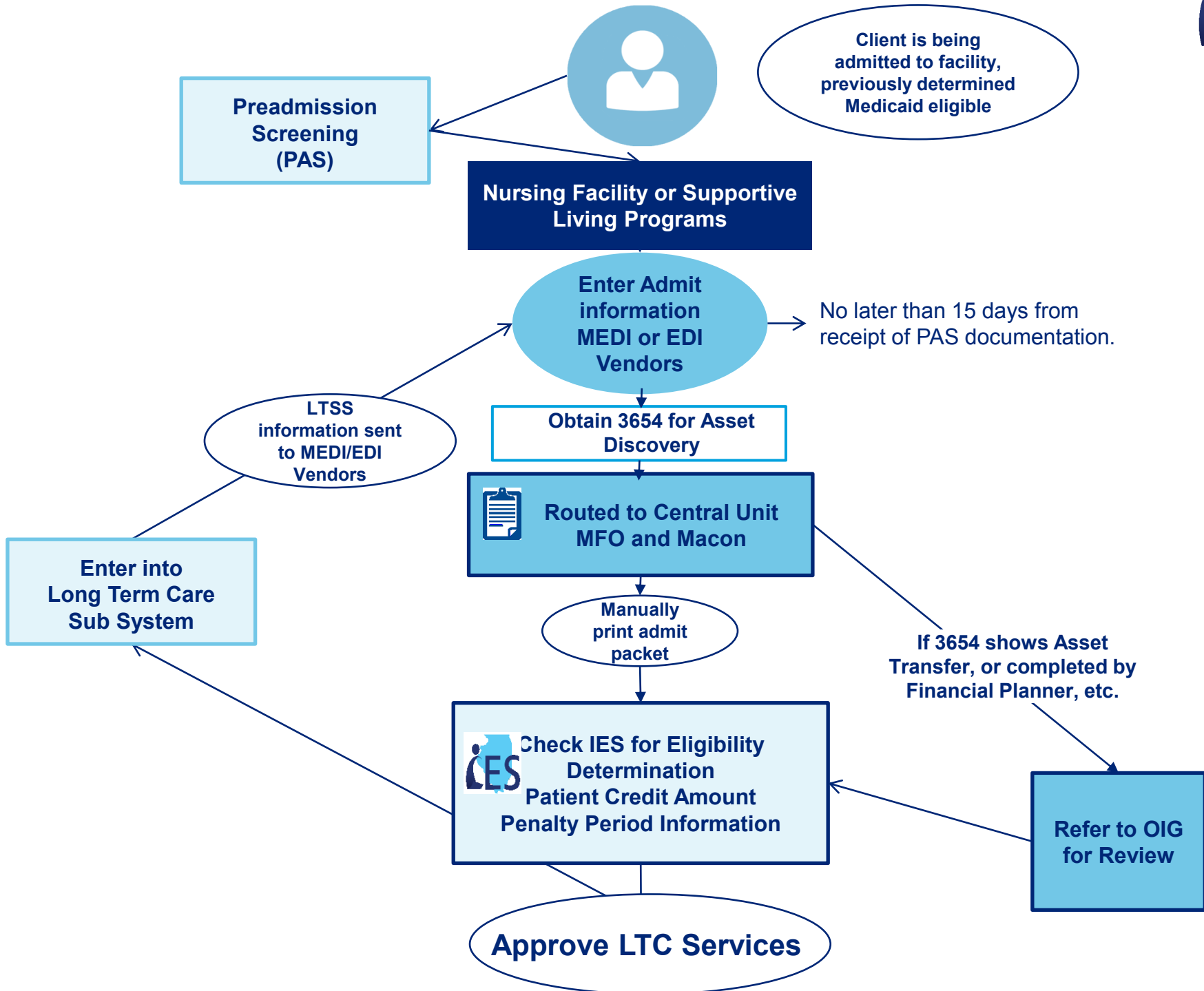
**Long Term Care Processing**

July 22, 2014

# Long Term Care Application Processing - Today



# Long Term Care Admit Processing- Today



# Process Improvements to Date



## ***March 2014 IES Release***

- Ability for applicants to apply online via ABE.
- Applicants can obtain 3654 on the web and upload completed form via ABE.
- Added the ability to determine eligibility for Long Term Care Services via IES intake
  - Includes enhanced questions via ABE, data collection via IES, calculation of patient credit and penalty period.

## ***May 2014 IES Release***

- Routed Long Term Care applications from DuPage, Kane, Kankakee and Kendall County to Medical Fields Operations Hub
- Routed all applications from Region #3 and St. Clair, Madison/East Alton and Marion counties to Macon County Hub

## ***June 2014 IES Release***

- Routed New Long Term Care applications from remaining Region 2 counties to MFO
- Routed Long Term Care apps for remaining region 4 and 5 counties Macon County Hub
- All Long Term Care and SLP applications are now routed to one of the two central units

***On June 30 2014, OIG began to release old applications to offices, for processing to reduce backlog, as per the statute PA 98-651.***

# ABE Questions that indicate LTC Services

[FAQ](#)  
[UAT](#)

Para información en Español, regrese a la página principal y oprima el enlace que dice Español.

Hello, Dave. You are logged in.

27% Complete

- Start
- People**
- Liquid Assets
- Other Assets
- Job Income
- Other Income
- Housing Bills
- Other Bills
- Finish
- Submit

### More About Dave's Disability or Blindness

You have told us that Dave is disabled, blind, or unable to work due to illness or injury. Please tell us a little bit more about this.

### Dave's Disability or Blindness

Has the Social Security Administration (SSA) made an official decision that Dave is blind?

When did Dave become blind?   
Ex: mm/dd/yyyy

Has the Social Security Administration (SSA) made an official decision that Dave is disabled?

When did Dave become disabled?   
Ex: mm/dd/yyyy

Does Dave need help with activities of daily living through personal assistance services, a nursing home, or other medical facility?  Yes  No

[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)



# Facility Question in ABE

American Indian / Alaska Native       Asian  
 Black / African American       Native Hawaiian / Other Pacific Islander  
 White       Other

**Residence Information**

Is this person a resident of Illinois?       Yes     No

Where does this person live?

Long-Term Care / Nursing Home

In this Home  
< click here to choose >  
Long-Term Care / Nursing Home  
Group Home Including CILA  
Supported Living Facility (SLF)  
County Jail  
Illinois Department of Corrections (Prison)  
Other

**People in the Home**

\* Tell us about the family members who live with you everyone on your tax return (You don't need to file

**DO Include:**

- Yourself
- Your spouse
- Your children under 19 who live with you
- Your unmarried partner with whom you have a child
- Anyone you include on your tax return, even if they don't live with you
- Anyone else under 19 who you take care of and lives with you

Allows applicant to indicate type of facility where they reside.

# Obtain 3654 Form Online



ms Forms : Medical Programs Numerical Listing of Forms - Microsoft Internet Explorer provided by State of Illinois


http://www2.illinois.gov/hfs/MedicalProvider/MedicalProgramForms/Pages/medicalnumeric.aspx

State of Illinois Enterprise ... Web Slice Gallery

rams Forms : Medical Programs Nu...

- ▶ [HFS 2803 Optical Prescription Order \(pdf\) \(OCR\)](#)
- ▶ [HFS 3082 Request for Drug Prior Approval Form \(pdf\)](#)
- ▶ [HFS 3082A Refill Too Soon Prior Approval Worksheet \(pdf\)](#)
- ▶ [HFS 3127 Request For Inappropriate Level Of Care Payment \(pdf\)](#)
- ▶ [HFS 3137 SLF Program Notice of Involuntary Discharge \(pdf\)](#)
- ▶ [HFS 3411A MCH Primary Care Provider Agreement \(pdf\)](#)
- ▶ [HFS 3411C Advance Practice Nurse \(APN\) Certification and Collaborative Agreement Form \(pdf\)](#)
- ▶ [HFS 3461 Augmentative Communication Systems Client Assessment Report \(pdf\)](#)
- ▶ [HFS 3640 Augmentative Communication Systems Assessment Review Checklist \(pdf\)](#)
- ▶ [HFS 3641 Long Term Care Facility Third Party Liability \(TPL\) Payment Transmittal \(pdf\)](#)
- ▶ [HFS 3654 Additional Financial Information for Long Term Care Applicants \(pdf\)](#)
- ▶ [HFS 3654S Spanish Additional Financial Information for Long Term Care Applicants \(pdf\)](#)
- ▶ [HFS 3701E Questionnaire for TENS Unit \(pdf\)](#)
- ▶ [HFS 3701F C-PAP/BiPAP Renewal Questionnaire](#)
- ▶ [HFS 3701G Special Decubitus Mattress Questionnaire](#)

Provides the ability to obtain 3654 online.



State of Illinois  
Department of Healthcare and Family Services

## ADDITIONAL FINANCIAL INFORMATION FOR LONG TERM CARE APPLICANTS

**INSTRUCTIONS**  
Read carefully and follow all instructions.

- < Answer ALL questions completely and accurately. (PLEASE PRINT)
- < Sign the document.
- < Name of LongTerm Care facility if applicable \_\_\_\_\_
- < If submitted by hospital/LTC facility, provide the date of admission \_\_\_\_\_  
and actual or expected date of discharge \_\_\_\_\_
- Submitting hospital/LTC facility name \_\_\_\_\_

**HFS USE ONLY**  
DHS CASE No.

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**OIG USE ONLY**  
OIG CASE No.

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DR: \_\_\_\_\_

DC: \_\_\_\_\_

**APPLICANT**

# ABE – Upload Documents



Home | [Am I Eligible?](#) | [Apply For Benefits](#) | [Logout](#)

Hello, Alberto. You are logged in.

**Print** **Help**

### Summary of Application for T10120022

This section lists information you have given us, and other details.

Information	Details	Action
	<b>Application Summary</b>	<a href="#">View and Print</a>
	<b>View and Submit Types of Proof</b> Based on the application you submitted, you can View and submit documents to confirm the information provided in your request. Click Next Steps to continue.	<b>Next Steps</b>

Summary of Application for T10120022

**Back to ABE**

[HFS Home](#) | [DHS Home](#) | [HFS Brochures and Forms](#) | [DHS Forms](#) | [DHS Brochures](#)

Trusted s

Provides the ability to upload the 3654 online, as well as other supporting documents needed for the application.

# Upcoming Enhancements



## ***September 2014 IES Release***

- Worker flags application that needs OIG review and system creates task in OIG office, so OIG is informed that they need to take action
- Indicate on application summary that application is with OIG for review, including the date and indicate when the application returns to LTC central unit for continued processing.

## ***October 2014 IES Release***

- Allow ACA adults to be considered for Long Term Care Support Services in IES

## ***Spring 2015 IES Release***

- Display the admit packet data that is entered in MEDI in IES screens for caseworkers to see.
  - Removes the need for manual printing of admit packet in central hubs
  - Create a task in IES so that it pops into a queue indicating the admit packet needs processing

## ***September 2015 IES Release***

- Roll out Enhanced ABE Manage My Case - Provider Portal
  - Allow facilities to view case information (with appropriate permission)
  - Enhance IES process to improve redeterminations
- Automatically update Long Term Care Subsystem from IES, to eliminate data entry

# Long Term Care Processing using IES - Future

